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**From Agriculture to Arteries:
a sociological-relational analysis of the food industry,
diet, health and class**

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Doctor of Philosophy

May 2013

I hereby declare that this thesis has not been and will not be submitted in whole or in part to another University for the award of any other degree.

Signature.....

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**From Agriculture to Arteries:
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Summary

This thesis challenges accounts of individual choice and responsibility where food consumption is concerned, beginning with a critique of government policies to address the health effects of over-consumption of food. Whilst research from psychology and economics has acknowledged the role of habit and automaticity in some behaviours, including eating, the resulting theory of behavioural economics and its operationalisation as 'nudge' theory does not directly address class differences. I argue that sociological analysis can do so, and discuss the trajectory of social class in social theory in recent decades, bringing together the insights of several theorists to challenge both Giddens's concept of reflexivity and postmodern notions of consumerism as an equalising force. I demonstrate that social theory can provide a solid underpinning to behavioural economics, and at the same time show the weakness of its policy applications to healthy eating.

Given the relative inattention to the structures that shape dietary 'choices', in comparison to the study of behaviour, this thesis examines the nature of the food supply and traces how the food industry develops, markets and sites food, and the ways in which it engages, often interactively, with a highly segmented society. The production and targeted supply of processed foods of varying quality contributes to problematic food consumption, particularly among those of lower social status. This phenomenon is further evidenced by an epidemiological review outlining the food-health-class link. Subsequently, I conduct the first sociological analysis of food industry texts (representing food science, product development and marketing), revealing how actors within these disciplines articulate their role, function and concerns regarding current practice. A critique of marketing emerges from both practitioners and marketing academics, and I apply this and an expanded sociological critique to the role of the food supply in diet-related ill health, in which a social gradient is strongly apparent.

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Chapter 1: Introduction to the thesis

1.1 *Introduction and Research Questions: setting the scene*

While much concern continues to be expressed by healthcare professionals, researchers and governments about high levels of obesity and diet-related ill health in Britain, there is little acknowledgement of the long-established social gradient in both these public health issues by policymakers. Lower status people are more likely to have a poor diet, be overweight, experience diet-related ill health, and have a shorter life expectancy, although all the way up the social gradient there is evidence of problematic patterns of food consumption.

Much research energy is devoted to asking why people eat the way they do. Less attention has been focused on the activities of the food industry – from agriculture to marketing – in shaping the food supply, processing it, developing an array of food products for consumer groups of varying social status and targeting these groups effectively. This thesis proposes that these productive forces shape class-differentiated patterns of food consumption and influence diet-related health over the long term, and traces how this process unfolds. Specifically, it examines both public and industry discourses which have constructed and reinforced an understanding of the health effects of food consumption as essentially behavioural issues; it then looks behind what is said publicly to what is acknowledged in texts written by and for industry members, and to a range of academic research which probes the contradictions of both industry practices and public narratives and policies regarding food and health. It is guided by the following research questions:

- What are the discourses which both describe and shape food consumption and its health consequences?
- What health and social phenomena and questions of power and influence do these discourses conceal, whether intentionally or unintentionally? What contradictions do they contain?

- What is the role of both government rhetoric and actual public policy in sustaining these discourses and why might it be in governments' interest to do so?
- What is the food industry's role and interest in sustaining these discourses?
- What is the relationship between government and the food industry in developing approaches to improving dietary quality and health and what are the weaknesses of these approaches?
- How does social theory illuminate our understanding of food-related health trends in recent decades such as large bodyweights and links between social class and diet-related ill health? More broadly, how has the sociological tension between agency and structure been negotiated on the subject of diet and health?
- How does the food industry understand the health effects of diet?
- How do food scientists, food product developers, food retailers and food marketers interact with notions of social class when developing and targeting food products and concepts? What techniques do they use for doing so?
- What can the texts revealed in this thesis by food industry professionals reveal about the industry's role in shaping diet and dietary health?
- What is the evidence for a diet-class-health link according to epidemiology and psychology and what is the larger context of these linkages with place, policies and systems?
- To what degree do different branches of academic research influence the dominant discourses surrounding food consumption, social class and health? In particular, given the role for psychology in understanding food consumption, how have the insights of psychology been mobilised in developing and marketing food products?
- What is the larger agricultural, historical, ideological and economic/financial context within which food marketing operates?
- What is the relationship between market research, food retailing, and public health?

My point of entry¹ to the research as a whole is the discourse of healthy eating and the assumption of personal responsibility for healthy diets, as urged by both present and previous governments through health policy and health promotion campaigns. The government's obesity announcement of October 2011, calling on individuals to reduce their calorie intake, building on a longstanding and, I will argue, ineffective strategy. As a press release phrased it, the coalition government had 'called time on obesity' (Department of Health (DoH) March 2011). In an approach described as novel, people would be urged 'to be more honest with themselves about their eating and drinking habits' (ibid). Britain was an increasingly overweight nation, and the then secretary of state for health Andrew Lansley concluded that 'reducing the number of calories we consume is essential. It can happen if we continue action to reduce calories in everyday foods and drinks, and if all of us who are overweight take simple steps to reduce our calorie intake' (ibid). The chief medical officer added that 'as individuals we all need to take responsibility. This means thinking about what we eat and thinking about the number of calories in our diets to maintain a healthy weight' (ibid).

The previous Labour government had shown an interest in revealing and addressing health inequalities with the Acheson Report in 1998, shortly after being elected to office. Six years later, it was still prepared to acknowledge the role of deprivation in food consumption and high bodyweights, though in veiled terms; the discourse of personal responsibility, perhaps with government-enabled support, is evident. In its 2004 report, *Choosing Health*, it is noted that 'it is easier for some people to make healthy choices than others' (DoH 2004:6). Yet people can be 'enabled to make healthier choices' even if they are coping with 'more immediate priorities' (ibid:13), such as, presumably, those which living in deprived circumstances might entail. Even so, making healthy choices is a matter of 'motivation, opportunity and support' (ibid:12). In a forward to the report, the then prime minister Tony Blair speaks of 'the responsibility that we each take for our own health'; in that context, the government will 'work to provide more of the opportunities, support and information people want to enable them to choose health' (ibid:3).

¹ Fairclough writes of objects of research allowing for various 'points of entry' for social researchers; discourses can be useful points of entry (Fairclough 2010:5).

All of this seems quite remote from the realities of class-differentiated growth in bodyweights which are discussed later in this chapter; and somewhat arms-length from the findings and language of the 1998 Acheson Report, commissioned by the new Labour government to research structural, environmental ‘determinants’ of health inequalities and policies to redress them (Acheson cited in Exworthy et al. 2003:v). ‘Our report’, Acheson noted, ‘was based on a socioeconomic explanation of health inequalities’ (ibid). Similarly, the Marmot review of health inequalities was set up by the Labour government in 2008, and supported by two health secretaries (Marmot 2010:3).

But arguably, neither of these projects was able to bring about a decisive shift in the discourse away from the notion of personal responsibility for dietary health and bodyweight. This discourse has intensified since the coalition government was elected in 2010. Social class and health inequalities are not central to the discussion regarding obesity.

This is also reflected in food industry discourse. In its report for the 2007 Foresight investigation into obesity, the food industry representative who wrote the report cites factors influencing both eating habits and how the food industry operates: the trend to having children later in life; an ageing society; longer working hours; working mothers; families not eating together as much; less ‘perceived’ time for fitness and cooking; less physical activity and therefore ‘calorie expenditure’ (Paterson 2007:4). Social and health inequalities – especially those reflected in and reinforced by eating – are not mentioned, though later in the report they are acknowledged in response to the Foresight authors’ proposal that inequalities are part of the problem and projected to continue (ibid:46-47). Industry-proposed solutions to inequalities encompass better information and education for consumers, alongside product reformulation, with ‘nanotechnology, biotechnology and neuroscience’ at their core (ibid:3). The Foresight report itself recommends addressing health inequalities more broadly in future efforts to tackle obesity (Foresight 2007:3). Later in this thesis, in Chapter 5, industry scientists express concern about the health implications of diets centred on processed foods, the tendency for low income people to eat these types of diets, and acknowledge the powerful role of psychology and family background in determining diet. But these

frank discussions in texts by and for industry members do not permeate public-facing food industry discourse.

The focus in the foregoing texts is on consumption and behaviour, rather than on the food supply itself, its transformation beginning in the late 20th century, and the dietary and health inequalities which are a feature of problems associated with food consumption. In this thesis I assemble an argument which proposes that personal responsibility discourse is incapable of explaining embedded, class-based dietary patterns and their health consequences, and that this is due at least in part to a lack of attention to the distorted nature of the food supply and its promotional strategies. The notion of an inadequate degree of individual responsibility for consumption as the underlying cause of the spread of overweight and obesity – and related health risks – simply cannot explain why bodyweights have increased at the rate they have in recent decades, given that diet is linked to health status and social class as well as the nature and extent of the processed food supply, and the way in which the food supply affects different sections of the population differently. A decontextualised focus on poor eating habits and campaigns which urge healthy eating do not allow any of these factors to be effectively addressed.

Healthy eating discourse sites the locus of responsibility for food consumption patterns in the individual choices a person makes when selecting and preparing food; this notion underlies both public health and industry pronouncements on dietary health. This thesis sets out to show what this discourse conceals. At the outset, a review of bodyweight and diet-related health trends in recent decades will help to anchor this exploration in the data.

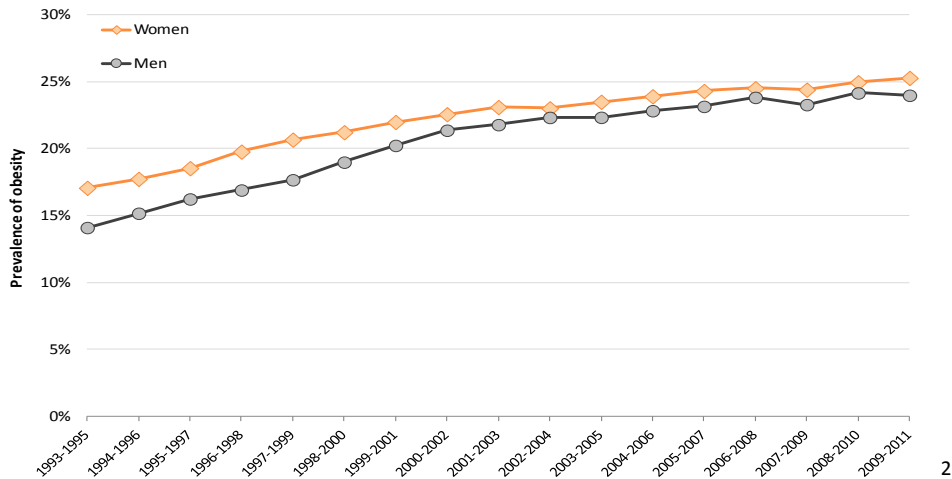
1.2 Diet, health and social class: an empirical introduction

Many studies have demonstrated an association between socio-economic status, diet, and health; this literature is reviewed extensively in Chapter 4. But since this introductory chapter begins my investigation of the origins and power of discourse surrounding food consumption and health, it is useful to set out the nature of the problem under investigation.

The graph below, from the Health Survey for England (2012), illustrates the growth of obesity since 1993, for women and for men. Obesity has increased markedly since then, though the rate of increase looks less steep in recent years.

Prevalence of obesity among adults aged 16+ years

Health Survey for England 1993-2011 (3-year average)

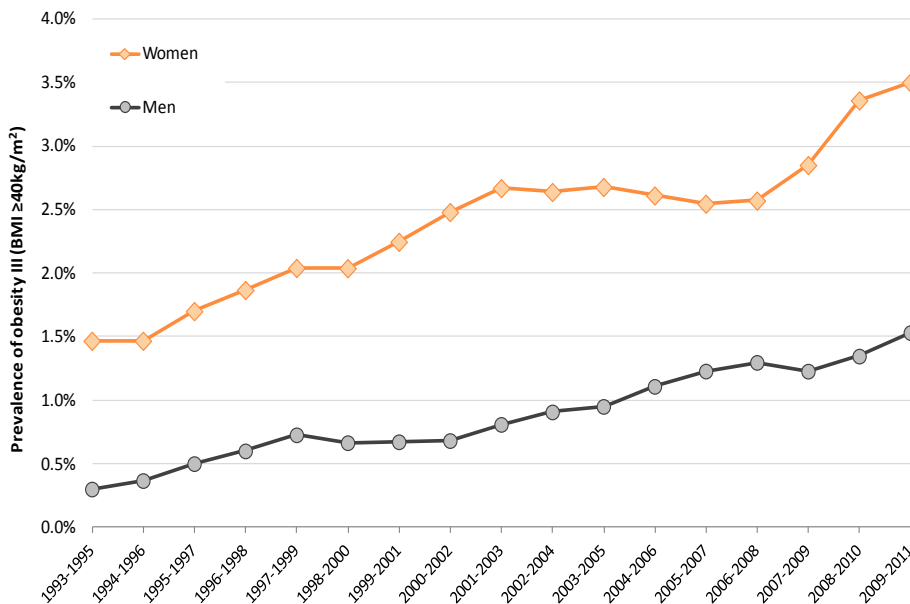


2

However, the trend of extremely high bodyweights is continuing to increase, particularly among women, as the following graph illustrates:

Prevalence of obesity class III among adults aged 16+ years

Health Survey for England 1993-2011 (3-year average)



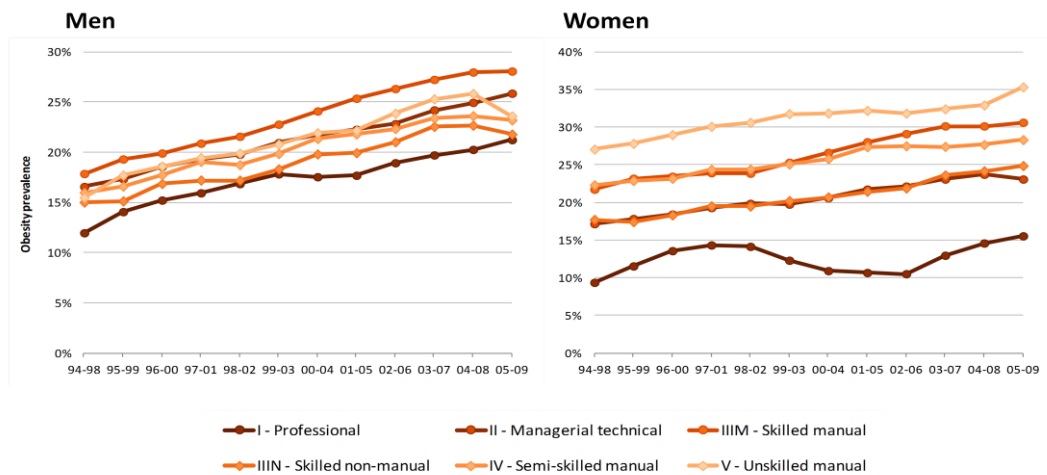
² All slides made available by the National Obesity Observatory

Obesity statistics also show a social class gradient, revealing a much more nuanced picture than for adult populations over all. Prevalence rates are markedly higher among lower social classes and have been steadily increasing among women. Among men, the gradient is less marked (for example, the second lowest class has a lower prevalence rate by the end of the period than the lowest class).

Adult obesity prevalence by social class

Health Survey for England 1994-2009 (5 year moving averages)

noo
National Obesity
Observatory



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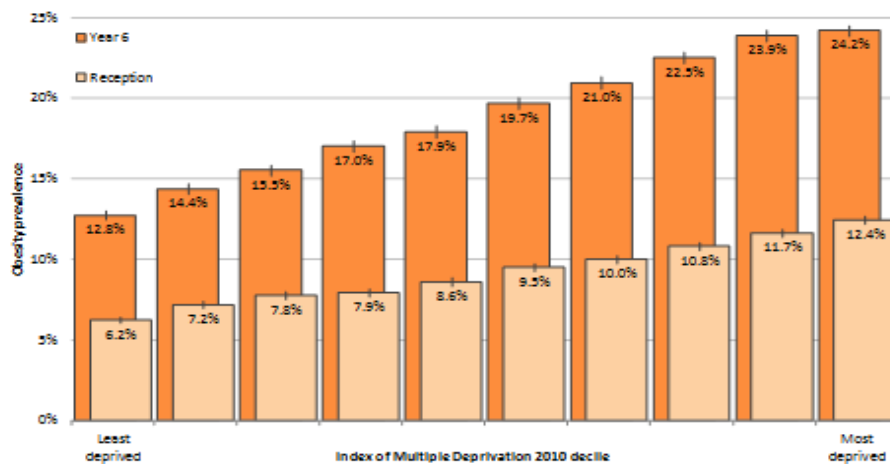
Adult (aged 16+) obesity: BMI $\geq 30\text{kg/m}^2$

Statistics for obesity among children also tell a more nuanced, class-differentiated story, with those who are most deprived twice as likely to be obese as those who are least deprived.

Prevalence of obesity by deprivation decile

National Child Measurement Programme 2011/12

noo
National Obesity
Observatory



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Child obesity: BMI $\geq 95^{\text{th}}$ centile of the UK90 growth references
Deprivation deciles assigned to the child area of residence using the Index of Multiple Deprivation 2010
95% confidence intervals are displayed on the chart

These graphic representations of patterns of obesity make the discourse of individual responsibility (or the lack thereof) appear one-dimensional and certainly insufficient as an explanation of food consumption and bodyweight patterns. Overall obesity statistics do not reveal the underlying disproportionate distribution of obesity by social class or differences in prevalence rates between different categories of obesity.

Studies have long shown that those on lower incomes spend a larger proportion of their incomes on food. The Food Standards Agency's Low Income Diet and Nutrition Survey (LIDNS), last done in 2007, and the government's Family Food Survey, carried out annually, also observe social gradients in the nutritional quality of diets (FSA 2007a; Defra 2012). The LIDNS survey finds that low income earners tend to eat less wholemeal bread and vegetables and more fats and oils, meat dishes and processed meats, non-diet soft drinks, pizza, whole milk and table sugar (FSA 2007a:17).

Food inequalities have intensified in the years since the economic crisis began in 2008. Overall, British households are spending more on food since 2007 while purchasing smaller amounts. For 4.2% less food in 2011 (the latest year for which data are available), spending was 12% higher than it was in 2007 (Defra 2012:54), the year that food prices began to rise in real terms after a period of stability since 2001 (ibid:67). But, as with obesity statistics, a more nuanced picture emerges by tracing the patterns of different income groups. Those in the lowest income decile spent 17% more on food between 2007-11 (ibid). They also purchased 29% less fruit and 20% less vegetables than in 2007 (ibid:51), a greater decline in fruit and vegetable purchases than for the population overall (4.4%), following a peak in fruit and vegetable consumption in 2005 in the UK (ibid:56). No income group eats sufficiently healthily according to the recommended 'eatwell' plate, but fruit and vegetable consumption shows the most marked difference by income (ibid:59). Throughout this thesis, the importance of the role of social class will be emphasised as this reveals the differentiated ways in which people experience financial pressures, health and food itself. The inequalities reflected in food consumption are not cited by governments when individual responsibility for diet and health is urged. Yet a class-differentiated society is central to understanding both 'lifestyle' behaviours and the way the food industry operates, as will be discussed in Chapters 5, 6 and 7.

1.2.1 A note on the data

The latest Family Food Survey was published in December 2012. In it, the authors acknowledge the limitations of the data. Food intake reporting is notoriously unreliable, and those who have responded to the survey (54%) sometimes supplied incomplete data (Defra 2012:73). One solution, they propose, would be ‘to obtain data from the KANTAR household panel which records household food purchases’ (ibid). I investigated this type of data during the course of my research. Despite the views of some academics that commercial data is both tainted and inappropriate for social or health research, market research data is being increasingly used by governments and has the capacity to provide more data, from more participants, faster, and with a higher degree of technology use by participants. For example, in one case 30,000 panel participants are given handheld scanners so all out of home use can be recorded; they are supervised and motivated to continue by hundreds of research staff; and they are incentivised. Participants are categorised by marketing category (marketing’s version of socio-economic status) and all products purchased are analysed by market research staff for their nutritional breakdown, including amounts of saturated and unsaturated fat (interview B 2012). The sociologists Burrows, Savage and others have urged academics to try to get access to market research data (as discussed in Chapter 6); now public sector food consumption research is reaching the same conclusion. In my chapters on food industry perspectives, I give examples of the kinds of observations made by market research of class-differentiated food consumption and health, and the use to which this data is put. I note the first major co-operative study between academic nutrition researchers and market researchers (on salt consumption).

1.2.2 Inequality, diet, and health

Poorer diets and higher rates of obesity among those of lower social class are accompanied by disease/risk gradients which have arguably been somewhat obscured by the focus on the rapid growth in obesity itself. In March 2013 in the UK, ‘almost two-thirds of the burden of cardiovascular diseases [could] be attributed to the combination of all dietary components and physical inactivity’ quite apart from body mass index, which is an additional (admittedly major) factor (Murray et al. 2013:21).

People are living longer, but this means more years spent living with disability, which was the focus of the study. Dietary factors contributing to health risk included low consumption of fruit, vegetables, nuts, whole grains, seeds, fibre, seafood Omega 3 fatty acids and polyunsaturated fatty acids, diets high in sodium (an associated condition, high blood pressure, is one of the major risk factors identified for the UK), and high total cholesterol (ibid:19). This study did not investigate social class dimensions of these experiences, though it acknowledges the role of resulting health inequalities. However, the nutrition surveys cited in this section, and epidemiological studies reviewed in Chapter 4, note the poorer quality diets characteristic of lower social groups. This is acknowledged by food industry scientists in the texts reviewed in Chapter 5, and by some marketers and marketing researchers in subsequent chapters.

Levels of cardiovascular disease risk factors are differentiated according to socio-economic position. Diet, a key risk factor, is 'dependent on macrosocial forces'; in turn, one's socio-economic position is also affected by these macro forces (Harper et al. 2011:40). Mortality rates from circulatory disease have fallen in the last 50 years, thanks to better prevention of stroke and heart attack, as well as more effective treatments and a decline in smoking (Weissberg 2011:4). But as life expectancy has increased, the numbers of those suffering from circulatory illness has increased; and social class disparities in incidence have continued (Marmot 2010:153). There has been no narrowing of the gap between the most deprived and least deprived groups (Scarborough et al. 2010:16). In 2010, 1.5 million people had had a heart attack in the UK; another 2 million had diagnoses of angina or heart failure (Weissberg 2011:4). Between 1994 and 2006, cardiovascular disease (including coronary heart disease and stroke) increased from 7.1% to 8.1% for men and from 5.2% to 5.6% for women, though prevalence rates may have declined since then (Scarborough et al. 2010:44).

Yet, in addition to existing social class and area (deprivation) differences in prevalence, the impact of obesity, with its class-differentiated patterning among children and young people, has not been fully expressed in disease statistics; this will take more time to emerge, as these younger cohorts age (Weissberg 2011:4). Circulatory problems increase with age, and poor diet and/or overconsumption would need to be experienced over the long term before a circulatory condition became apparent.

Diabetes is another health problem associated with food consumption and bodyweight. By 2013, three million cases of diabetes had been diagnosed in the UK (Diabetes UK 2013), up from 800,000 in 1980 and 1.4 million in 1996 (Diabetes UK 2004). The Health Survey for England first assessed diabetes prevalence in 1994. Since then, prevalence has increased from 2.9% to 7% of men and from 1.9% to 4.9% among women (HSE 2011:10).

Diabetes, too, exhibits a class gradient. Those in the lowest socio-economic groups are 2.5 times more likely to develop Type 2 diabetes, and 3.5 times more likely to develop associated complications (such as heart disease, stroke and kidney disease) (Diabetes UK 2006:5). Diet-related factors contributing to the risk of diabetes for those from lower socio-economic groups are poor diet, higher cholesterol levels and higher salt consumption (Diabetes UK 2006:8).

Health and the contribution of diet to health is a nuanced, class-differentiated picture, then. Establishing this at the outset strengthens the case for the analysing the role of structural forces in shaping diet and health, and sets the scene for the focus of this thesis, which is to investigate the role of a key structural force – the food industry – as it designs the food supply and engages with social class and health concerns in marketing it.

This brief introduction to the literature precedes a fuller review of the evidence for a link between diet, health and social class in Chapter 4. This literature is primarily epidemiological in nature, but also spans some international political analysis linking higher obesity rates with more neoliberal regimes. The patterning that is observable in studies of social class, food intake and diet-related health can be traced to deeper political and economic trends and ideas. It is these larger forces which anchor and reinforce the personal responsibility discourse, in spite of the evidence which challenges it by revealing underlying social and health inequalities, and, as Chapters 5, 6 and 7 will discuss, the activities of the food industry. But how is this discourse associated with neoliberalism?

1.3 A Neoliberal Discourse

Neoliberalism has...become hegemonic as a mode of discourse and has pervasive effects on ways of thought and political-economic practices to the point where it has become incorporated into the commonsense way we interpret, live in, and understand the world (Harvey 2007:23).

In the neoliberal era which began in the 1970s, there was an effort by major western economies and particularly the UK and the US to 'liberate' the market, reducing government interventions to alter the course and functioning of markets. In addition to the economic and regulatory policies carried out to achieve this and which are still under way, 'neoliberal philosophy has also generated ideas of self governance and citizenship that further help the neoliberal political-economic project' (Guthman 2011:18). This perspective emerges in the work of Guthman, a geographer, and others who analyse food systems, beginning with agriculture, and builds on the ideas of Harvey, whose writings have theorised neoliberal practices. These ideas link the liberalisation of markets with an accompanying strategy which 'emphasized the liberty of consumer choice, not only with respect to particular products but also with respect to lifestyles, modes of expression, and a wide range of cultural practices' (Harvey 2005:42). Neoliberalism, in social Darwinist tradition, values 'individual achievement, entrepreneurial prowess, and competitive spirit'; and as it applied to 'the care of the self, bodily practices that seem to indicate self-efficacy and self-control were readily associated with personal qualities that lead to both individual and collective success' (Guthman 2011:53). Under neoliberalism, people are encouraged 'to make few demands on the state but rather to act through the market...by exercising consumer choice...and striving for self-actualization and fulfilment' (Rose 1999 cited in Guthman 2011:18).

With these messages communicated, state intervention could recede as the individual became responsible for self-improvement, and answerable for his or her choices, including any risks taken (Dean 1999 cited in Guthman 2011:54). Of course, neoliberal discourse is somewhat paradoxical, as neoliberalism continues to rely on the state and, increasingly, multilateral institutions to intervene and set standards, creating markets and market conditions which foster competition even while the accompanying

discourse champions the market as ‘the most natural (and optimal) way to regulate social life’ (Guthman 2009:1115; McMichael 2000:23).

Seen from this perspective, healthy eating/personal responsibility discourse, whether cited by members of government or the food industry, or even well meaning healthcare providers, health researchers and health promoters, is part and parcel of policy measures and economic strategies which have redesigned economies along neoliberal lines in recent decades, and continue to do so. Thus an increasingly free market is portrayed as being populated by freely choosing individuals, who are then, logically, responsible for those choices. When things started to go wrong in population health terms, as bodyweights and the risk of chronic diseases increased along with the accelerated production of foods high in fat, salt and sugar, the logical (neoliberal) solution was to urge behaviour change.

But in this thesis, I trace the ways in which this neoliberal-inspired discourse of individual dietary ‘choice’ – and therefore responsibility – is seriously challenged by the epidemiological picture which emerges linking diet, class and health; by social theory and psychology as they separately track how food behaviours are formed and become habit; by developments in agriculture, processing and logistics technologies; by food industry scientists and product developers as they concede the role of early and lifelong habit formation in food consumption, and admit to concerns about health implications of diets based on processed foods; and by market research and marketing techniques which both track and target consumers according to their social class. From the outset, it was important to place the discourse I am critiquing within this larger – neoliberal – context.

1.4 *Healthy policy elites and healthy eating discourse*

The emphasis in healthy eating discourse on the responsibility of individuals for choosing a healthy diet in a foodscape³ which is omnipresent, industrialised and

³ The term ‘foodscape’ is used by Winson, a Canadian sociologist of agriculture and food. He defines this term as ‘the multiplicity of sites where food is displayed for purchase and where it may also be consumed’ (Winson 2004:301). The notion of the ever-spreading foodscape will be useful in analysing the activities of the food industry and food consumption.

obesogenic has long been reflected in government policy (for example, see DoH 2007 and 2004, both featuring 'choice' in their titles, along with talk of voluntary partnerships with industry, which the present government has continued to emphasise).

Even the work of the respected health research charity, the King's Fund, reflects the wider, taken-for-granted discourse and focus on 'unhealthy behaviours'. A King's Fund study speaks of 'helping people to kick bad habits', and its solution – 'the use of commercial marketing techniques to promote socially desirable outcomes' (Boyce et al. 2008:vii) – seems destined to merely shadow much more pervasive and well resourced commercial marketing campaigns to promote hyperpalatable foods and efforts to site them ever more conveniently for their targeted eaters. This key element underlying food consumption is one that I explore in detail in this thesis.

The King's Fund report acknowledges that poor diet and obesity are associated with social class and the latter also with gender (Boyce et al. 2008:3). But little account is taken of the supply side of the equation: the activities of the food industry and its power to shape diet, though the report backs the plea made by government to the food industry and advertisers in a 2004 policy document 'to make healthy lifestyles an easier option for people' (DoH 2004 cited in Boyce et al. 2008:xi). But the focus in the 2004 government document is on the NHS's role in changing health behaviours, alongside the insistence on the 'responsibilities of individuals in maintaining their own health' (DoH 2004 cited in Boyce et al. 2008:xi). Yet the King's Fund report admits that 'a strong evidence base is lacking' on the effectiveness of such interventions; of those evaluations that have been done, few looked beyond the short term, and some were not considered robust (Boyce et al. 2008:20).⁴

Nevertheless, healthy eating/personal responsibility discourse has performed the co-ordinating function typical of discourse 'by providing the frame within which policies can be elaborated and justified by the key policy elites involved in the construction of

⁴ As this thesis was finalised, a new King's Fund study reported that multiple unhealthy behaviours including poor diet were more prevalent (and increasing) among those on low incomes and with the least education. The study acknowledged the ineffectiveness of health promotion efforts which did not acknowledge the role of social class in such behaviours (Buck and Frosini 2012).

the policy programme' (Schmidt 2000:286). These elites then influence the 'fleshing out [of] the policy programme...or even...promoting a particular discourse and policy programme' (ibid), as we see happening with the King's Fund report. The NHS medical advisory group the 'Future Forum' similarly focuses on lifestyles in a recent report, advising medical professionals to use every patient contact to emphasise healthy lifestyle choices (NHS 2012:17). As Harvey, the theorist of neoliberalism, remarked, 'There is a sense in which we're all neoliberals now, without altogether knowing it' (Harvey 2010, LSE lecture). The siting of solutions to major public health issues connected to food consumption in the choices and actions of individuals, not the food supply, is in line with neoliberal discourse committed to market freedoms and by extension personal freedom to make better choices.

A 2004 House of Commons Health Committee report *did* take account of the influence of structural factors in rising obesity, citing the obesogenic environment; 'the promotional efforts of the food industry' which drowned out health promotion messages; inadequate food labelling; and pricing strategies which made unhealthy foods so attractive (Health Committee 2004:3). They also locate some of the problems in agricultural policy, which they recommend should be shaped around public health needs (ibid:4).

The committee was sceptical of food industry responses to criticism of their products:

the food industry has made constant use of the formulaic argument that 'there are no such things as unhealthy foods, only unhealthy diets', a phrase we have also, perhaps surprisingly, heard from sports officials and Government ministers. But it is patently apparent that certain foods are hugely calorific in relation to their weight and/or their nutritional value compared to others (Health Committee 2004:25).

This type of analysis, specifically mentioning industry influence on obesity, is unusual (and its influence on public policy seems limited), though more characteristic of committees of both houses of parliament. By contrast, Miller and colleagues trace the much greater, if mostly invisible power and influence of corporate actors via lobbying and public relations, including that of think tanks, trade associations and front groups which may appear independent (but are not) (Miller and Harkins 2010:568; Miller and Mooney 2010:468). Another factor is that senior civil servants and politicians know

that corporations seeking ‘policy capture’ may one day offer board memberships for those leaving public service, a path many of their predecessors have followed (ibid).

1.5 *Supply side: the role of the food industry in shaping diet*

The food industry and its marketers have been continually refining techniques for tracking consumption patterns and matters of taste, social background and neighbourhood, often in interactive ways, in order to develop and target their food products efficiently at segments of consumers who will grasp, intuitively, that a given range of food products is for ‘people like them’. Examples of this are given in Chapter 5, 6 and 7. Healthy eating discourse has never fully taken account of this powerfully structuring influence on our food intake, though many social scientists point to marketing and advertising as key factors to consider when trying to understand dietary patterns and increasing bodyweights (for example, Nestle 2002; Lang and Rayner 2005; Hawkes 2006 and 2007). Several academic marketing researchers have produced rigorous analyses showing the contribution of low-nutrient industry foods to obesity, and the role marketing might play in this phenomenon. This research is reviewed in Chapter 5.

Social scientists and health professionals have urged stronger regulation of the food industry and food marketing. Governments resist this, except, to a degree, in the case of children (though this thesis will explore the limits to such efforts). Research into the transnational corporate food lobby describe its much greater, if less evident, influence (Miller and Harkins 2010; Sklair and Miller 2010; Miller and Mooney 2010).

The previous secretary of state for health, Andrew Lansley, said he was influenced by academic research, but he referred only to ‘nudge’ theory and the work of Christakis on obesity and social networks, which is reviewed and critiqued in my chapter on evidence (Chapter 4). Stronger, evidence-based social science and epidemiological studies linking diet, health and class and even the working of the free market, all reviewed in Chapter 4’s assessment of evidence, are not acknowledged publicly by governments.

The food industry's frequent defence in the face of criticism regarding its production of unhealthy foods rests on its innocence in terms of its patent inability to *force* people to buy their products and consume them to the exclusion of more healthy foods. Surely it is obvious, they argue, that people are choosing what they eat. Furthermore, as Kraft's vice-president, marketing said, 'There is no such thing as unhealthy foods, just unhealthy diets,' (*Marketing Magazine* 10/08/11), recalling the Health Committee's citing of this industry argument several years earlier. It is true that no one food producer or retailer is responsible for the overall pattern of someone's diet or the quantities of specific types of food consumed. Indeed, it is impossible to argue that the food industry is coercive. Government, in the two decades since obesity has become a growing public health concern, has largely backed the individual choice/responsibility discourse. 'The healthy choices are the easy ones', as a health promotion campaign once phrased it⁵. We are all responsible for our diets and, by implication, the health effects which can be linked to our diets.

In a further example, the minister for public health Anne Milton stressed in a December 2010 speech the importance of individual responsibility for healthy choices. Regarding salt consumption, she said, 'Government can only reach so far. We can't step into people's homes and stop them reaching for the cruet'⁶ (Milton 2010). In fact, most salt is consumed in processed foods, not added in the home (Scientific Advisory Committee on Nutrition 2003:ii).

In any case, my discussion of food industry strategies in Chapters 5-7 shows that target consumers are already embedded in foodscapes based on where they live and work, and what they have come to expect people like them will eat. This involves an intuitive, not entirely conscious approach to food consumption based on both their social background and the way in which they are marketed *to*; both of which limit and shape their 'choices'.

⁵ From Heartbeat Wales campaign, as cited in Bury (1997)

⁶ The very use of the term 'cruet' for salt shaker has an interesting class dimension.

1.6 **A public-private partnership to promote health**

'The food industry has unparalleled ability to influence our diet through the food it offers and the way it promotes and markets it. Yet up to now we have not made enough use of its reach as a force for good in nutrition' (DoH October 2011:41).

'The advent of 'partnership' governance, where public policy is not simply "influenced" but is actually co-created and delivered by the private sector, indicates the increasingly shaky grip of concepts of governance developed before neoliberalism' (Miller and Harkins 2010:582).

When the coalition government was elected in 2010, it was not long before a focus on the demand side and individual responsibility discourse began to emerge in the context of diet and health. Building on the previous government's approach, the new government would look to the food industry to take over some degree of responsibility for offering and promoting healthy diets. In the Public Health Responsibility Deal (DoH October 2011), the government asked various organisations including food businesses to sign up voluntarily to pledges addressing some of the public health issues associated with processed food; this was interpreted by critics as an offer which, if complied with, might pre-empt future regulation. The arrangement was regarded with some scepticism by public health representatives in subsequent oral and written evidence to the House of Commons Health Committee because it set no measurable expectations or time limits for the food industry; nor did it say what it would do if the industry did not take sufficient action or how this might be judged (Health Committee 2011:41). Aiming to avoid 'regulation or top-down lectures', the report noted that the government did, however, reserve the right to ascend the 'intervention ladder' if voluntary agreements failed to work (DoH 2011 cited in *ibid*:95). Commenting on the public-private sector co-operation inherent in the Responsibility Deal, the committee report concluded:

Partnership with commercial organisations has a place in health improvement. However, those with a financial interest must not be allowed to set the agenda for health improvement. The Government cannot avoid its responsibility for constantly reassessing the effectiveness of its policy in delivering its public health objectives (Health Committee 2011:87).

A House of Lords (HoL) Science and Technology committee report similarly found that

obesity is a significant and urgent societal problem and the current Public Health Responsibility Deal pledge on obesity is not a proportionate response to the scale of the problem... [Government] should consider the ways in which businesses themselves influence the behaviour of the population in unhealthy ways (HoL 2011:57).

This statement is one of the few I encountered by political representatives (albeit unelected ones) suggesting that the influence food businesses have on consumers – the supply side of the equation – needs greater consideration. I investigate the mechanics of this influence in my chapters on the food industry and food marketing.

1.7 *Introducing ‘nudge’ thinking*

In a key shift in policy orientation, the new government came to power enamoured of the new ‘nudge’ theory, a fusion of behavioural economics and psychology which relies on tweaking behavioural cues in various decision-making processes and environments, and popularised by academics Thaler and Sunstein in their book *Nudge: improving decisions about health, wealth and happiness* (2008). A 2008 newspaper editorial authored by the current chancellor promoted ‘nudge’ thinking (Osborne 2008), as did another co-authored with Thaler shortly before the coalition government came to power (Osborne and Thaler 2010). David Cameron apparently suggested his entire shadow cabinet read *Nudge* in the summer of 2009 (BBC Radio 4:01/11/11). ‘Nudge’ thinking would come to animate Conservative public policy. A behavioural change unit was set up within Cabinet Office soon after the election; apparently the only one in the world (BBC Radio 4:18/10/11). A seemingly new approach to public health was underway.

This unit is looking at a range of policy issues in which changing behaviour is thought to be key, including health behaviours such as food consumption. The former head of Cabinet Office and the civil service, Gus O’Donnell, was enthusiastic about the potential for ‘nudge’ thinking in public policy, calling it simply ‘applied common sense’ (BBC Radio 4:18/10/11). Thaler himself hints at a more ideological foundation for ‘nudge’ thinking, describing it as ‘libertarian paternalism’ (ibid). In fact it occupies a curious middle ground, challenging the neoliberal parallel between market freedoms and individual responsibility via nudge’s acceptance of problems of consciousness in unhealthy eating patterns. Because of this, individuals cannot be fully responsible, and there is therefore a role for the state, harnessing marketing expertise, in seeking to influence individual behaviour in a subtle, even undetectable manner. This mobilises existing industry expertise in ‘nudging’ consumers to purchase items targeted at them,

and does not seek to force industry to alter the food supply in ways which would more dramatically address public health problems.

The unit's 2010 discussion paper therefore cites healthy eating 'nudges' such as shopping trolleys with a designated area for fruit and vegetables, perhaps featuring photographs or 'social norm' messages, or other visual prompts such as placement of healthy products on shelves where people are most likely to see them (Cabinet Office 2010:24). They have also set up a partnership with an Icelandic TV programme called *Lazy Town*, which rewards children for eating healthily and being active (ibid:25). This seems well in line with Thaler and Sunstein's conviction that choice should not be forbidden. Thus 'putting the fruit at eye level counts as a nudge. Banning junk food does not' (Thaler and Sunstein 2009:6). Choice should be designed so that the desirable option (from a public policy point of view – in this case, public health) is the most obvious. People may remain unaware of how 'choice architecture', as it is termed, has been rearranged for this purpose; 'in these circumstances, nudges can be understood to have influenced the non-deliberative aspect of a person's choices or actions' (HoL 2011:12).

An investigation of the appropriateness of 'nudge' theory for guiding government policy was undertaken by the House of Lords Science and Technology committee in 2011. While the minister for public health told the committee that 'nudge' initiatives *can* encompass regulation (HoL 2011:12), the government's chief social scientist at the Department for the Environment, Food and Rural Affairs (Defra), reported that 'in her experience within central government, "behaviour change is very much used as a shorthand for *alternatives* to regulation and fiscal measures"' (ibid:11; my italics). This fits with the government's goal of minimising intrusiveness (ibid:13), reflecting its neoliberal orientation.

'Nudge' theory contains a subtle distinction from previous health promotion approaches and indeed, previous assumptions of economics: it acknowledges that human beings are not fully rational beings making rational choices, but instead, are creatures of habit, not fully conscious in all areas of decision-making; indeed, sometimes – in health behaviours – quite automatic and unthinking. People can be

nudged if they don't notice the 'nudge'. There is an ideological character to the 'nudge' approach to public health, one which admits to human frailty and develops clever and sometimes playful techniques to tap into our unthinking behaviour, but which does not acknowledge the influence of structural and structuring factors emerging from the activities of consumer industries, socio-economic status or social capital. At the same time, in line with neoliberal thinking, the 'nudge' framework resists interference in market freedoms – indeed, it warns against doing so. It is a highly ideological policy framework.

The House of Lords report raises doubts about the ethics of 'nudging' as public policy, given its lack of transparency (HoL 2011:13). As leading food policy academics Rayner and Lang wrote in defence of more traditional policy frameworks, 'at least nannies are overt' (Rayner and Lang 2011:2). For nannies, read regulation (ibid).

But outside the public policy context 'nudging' is not new. In effect, it is, more or less, the basis on which the consumer economy and the 'consciousness industries' of marketing and advertising have long operated. Discussing the potential for 'nudging', which derives from behavioural economics (BE), as a marketing strategy, one marketer said 'This label provides an academic underpinning for techniques and approaches that have been used for years' (*Marketing Magazine* 14/09/11). BE or 'nudge' techniques are not transparent in the consumer world, either: 'retailers do not, for example, tell consumers that they have designed their stores in a way that is intended to encourage purchasing of specific types of product' (HoL 2011:14). The food industry's expertise and success in marketing and siting food in public spaces, much of it processed and highly palatable, is the biggest obstacle to the success of public policy 'nudging'. Thus minimally resourced health-promoting 'nudges' aim to take on highly specialised, lavishly resourced, highly technologised consumer research and marketing techniques.

As 'nudging' gathered pace in public policy, *Marketing Magazine* discussed how BE can be used by marketers, (18/05/11a): for example, digital marketing can best adopt BE 'because it applies to user experience and design' (ibid). Domino's Pizza is using BE to overhaul its marketing with a planning tool to help it understand 'social, cognitive and emotional factors behind purchase decisions' (*Marketing Magazine* 04/05/11).

Another marketer describes using BE as ‘going with the flow of human judgement...people are poor witnesses to their own deeper motivations and are simply unaware of some of the factors that influence their decisions’ (*Marketing Magazine* 27/07/11). One agency has adapted BE ‘to create roadmaps for brands that enable them to identify a desired customer behaviour or attitude and plan a realistic way to bring this about’ (*Marketing Magazine* 14/09/11a).

This expertise and the sheer weight and reach of commercial food marketing and advertising, the profusion of cheap agricultural commodities and the food products developed from them, and the pervasive and ever-expanding nature of the processed foodscape in which we live will be a formidable challenge for healthy eating ‘nudges’ to counteract. Simply put by the House of Lords report, ‘the ready availability of cheap and unhealthy food...makes it more likely that people will consume it’ (HoL 2011:17).

Furthermore, the report notes the gap in evidence for the success of ‘nudge’ thinking in public policy; doubtless future evaluations of such initiatives will aim to measure their effect. Thaler cites growing evidence that ‘nudging’ works in areas of ‘prompted choice’, for example in organ donation questions on driver registration forms, and joining pension schemes (interview, BBC 01/11/11). However, there are no countervailing structural forces here – merely individual inattention or unwillingness to consider these matters – which battle against decisions regarding organ donation or pension savings. With food consumption, the countervailing, structuring forces of targeted marketing, advertising and the blanket siting of foods are powerful – as is the class-differentiated, non-deliberative nature of food consumption, food-health awareness, and questions of purchasing power. All of these matters are explored in this thesis.

‘Nudge’ theory operates on the basis that a lack of consciousness – a lack of common sense thinking – can explain why ‘undesirable’ behaviours persist, even at some cost to the individuals concerned. Thus the two prongs of the government’s healthy lifestyles thinking display incompatible notions of what makes people behave the way they do. Lansley, for example, allowed for ‘psychosocial’ influences and particularly ‘low self-esteem’ in health behaviours; while these explanations cannot be dismissed (and there

are countless studies on the psychology of problematic food consumption), they are only one area on which to focus investigation and intervention. It is strange to blame obesity on a relatively sudden emergence of weak will in a growing number of people when obesity has only increased so dramatically amid the food oversupply and hyperpalatability so characteristic of recent decades; nor can we have had a sudden epidemic of low self-esteem and food over-consumption that is unrelated to these food production trends. Gard (2009) makes similar observations in Chapter 4.

So government rhetoric about individual responsibility for health behaviours does not register the important admission inherent in its adoption of ‘nudge’ thinking: namely, that food choice is not fully conscious or rational. Instead, as the emerging consensus understands it, and as I will argue, it is shaped by strong forces, both social and psychological, and has a highly automatic character. It is by engaging with the sheer unconsciousness of eating habits that ‘nudge’ aims to succeed in changing them. Yet, while accepting openly for the first time that people are creatures of habit, with eating and drinking behaviours formed by strong forces throughout their lives, ministers and health policy experts have continued to insist that we are responsible for our choices – and must make better ones where our diet is concerned.

In the report mentioned earlier by the NHS independent advisory group the Future Forum, healthcare professionals are urged to ‘make every contact count’ in questioning patients about their lifestyles, ‘whatever their specialty or the purpose of the contact’ (NHS 2012:17). Thus pharmacists might raise lifestyle matters (diet, fitness, smoking, alcohol) even with customers picking up prescriptions for unrelated conditions. It is an approach which might be viewed as intrusive, and clearly keeps the focus on the individual. Even the *Guardian’s* health correspondent accompanies the news report with a commentary on ‘the brutal truth that more people are harming and killing themselves with their lifestyles’ (*Guardian* 30/12/11), as though there were some conscious death wish at work here. The Patients’ Association acknowledges the need for health advice but questions the appropriateness of all contacts being diverted to discussions of lifestyles; they also call on government to examine underlying factors including poverty (ibid).

1.8 *Exploring a contradiction*

All in all, the contradiction manifested in medical/political exhortations simply to eat more healthily, alongside ‘nudge’ thinking’s acceptance that eating behaviours are often automatic, culturally and socially embedded and unthinking, demanded exploration.

In particular, neither ‘nudge’ theory nor healthy eating/lifestyles discourse acknowledges the role of social class in the formation of habits and behaviours where food is concerned. This thesis will redress that neglect, and show the weakness of approaches such as ‘nudging’ in the face of well resourced, constantly updated marketing efforts and distinct consumption patterns the industry itself, alongside epidemiologists, has traced among different social groups. Government discourse does not acknowledge the blanketing of our digital and physical worlds with food marketing, nor the highly sophisticated techniques by which food manufacturers develop products that build on our unconscious tendencies to over-consume unhealthy but palatable products and to do so by, broadly speaking, social class; nor the way in which the food industry targets different population groups with food products of variable quality. All these processes are outlined in this thesis. Additionally, the government may not acknowledge the role of food budgeting in food consumption, but the food industry is acutely aware of its importance for people on low incomes. The result is a widely varying overall dietary quality among different social groups.

1.9 *Response to the coalition government’s healthy eating initiatives*

There has been some controversy over the coalition government’s approach to healthy eating. Many public health specialists and commentators feel that the food industry is incapable of addressing the grave risks posed by diets increasingly high in fat, salt and sugar (HFSS), though some progress in lowering these substances in some foods has already been made, and potential for further reformulations surely remains. This varies from country to country: there is evidence that even some established global brands contain widely differing amounts of salt in different countries (World Action on Salt and Health 2009). Kellogg’s accounts for the difference in its salt levels in breakfast

cereals by citing variations in tastes (*Guardian* 23/07/09) but this example shows it is possible to adjust formulations of processed foods.

In Britain, it has taken ten years to get salt levels in food down from 10g consumed per day on average to 9g a day; 6g is the current goal, yet 2-3g per day are sufficient (NICE 2011).⁷ For one public health academic, ‘nudging’ is not only insufficient but also an abdication of collective responsibility by government (Professor Nicholas Wald, Wolfson Institute of Preventive Medicine⁸ interviewed by BBC 01/11/11). Diets which remain heavily reliant on processed foods will not be dramatically improved by marginally or selectively lowering fat, salt or sugar content, though government did ask the food industry to remove 5bn calories daily from British food products and ‘to extend and intensify their efforts to help people make healthier choices’ (DoH October 2011). While many snack and convenience foods will be reformulated, some will not be. As one marketer put it, ‘If there’s a market for the healthy stuff, brands will make it, but if people want unhealthy stuff, they will make that, too’ (*Marketing Magazine* 26/10/11).

In addition, it is difficult to see how the removal of calories from an ever-shifting food supply can be measured, given the constant changes and expansion of such products. There is also the matter of size; in announcing a maximum of 250 calories per chocolate product, it was unclear whether this would be achieved through product reformulation, smaller product sizes, or both (*Marketing Magazine* 15/02/12a).

The food industry also publishes information regarding the growth in sales of its snack and other processed food products, a goal achieved at least in part by ever more pervasive product siting. These processes are tracked in the thesis. The government does not acknowledge this dimension of a constantly expanding food supply; nor the difficulty of tracking food consumption outside the home⁹.

It would not be in the industry’s overall interest to encourage people to reduce their consumption of processed meals and snack foods or to eat whole foods themselves;

⁷ NICE recommends reducing the daily maximum salt intake to 3g by 2025 (NICE 2011).

⁸ Barts and The London School of Medicine and Dentistry

⁹ A market research firm interviewee told me that this is now starting to be done with the use of handset tracking of products by panel consumers when eating outside the home (Interview B 2012).

food industry profit lies mostly in the processing of foods and the adding of value through pre-cooking, packaging and branding. Critiquing the ‘bland platitudes’ and ‘fashionable concepts’ of ‘nudge’ thinking, Bonell et al. (2011) write in a commentary in the *Lancet*, ‘Whereas citizens might harm themselves through non-rational decisions, businesses sometimes harm consumers as a result of serving their commercial interests’¹⁰. Even attempts to lower fat have not been without problems; paradoxically, there is evidence that substitution of low-fat foods (often high in sugar) has increased consumption, with resulting risks for weight gain. This is explored in Chapter 5.

Furthermore, while the coalition government has suggested the food industry reduce calories, they do not address other health concerns about processed food, such as those by food industry scientists regarding emulsifiers. Drawing on the work of Millstone (2009 and 2010), these are discussed in Chapter 5.

The government and its policy of imperceptible ‘nudges’ and voluntary action by firms do not address the relative power of the industry, its ability to influence us according to our social rank, or the growing pervasiveness of the foodscape. This latter point is evident from observations of shops and public spaces: snack foods and drinks machines have been installed in community fitness centres, WH Smith, local train station waiting halls, train station platforms, and city centre station concourses and tunnels (as documented in this thesis). It is a process which is difficult to quantify, either in terms of the growth in product availability or the ultimate effects on consumption and health, but it must surely be a factor to consider when government points to industry efforts to make the food supply healthier.

In this context, it is difficult to see how ‘nudge’ policies could succeed in changing population trends to consume large quantities of processed food, leading to weight gain and health risk – a pattern more prevalent in some social groups than others.

¹⁰ The then health secretary Andrew Lansley was questioned about a *Lancet* article critical of government policy on BBC Radio 4’s *The Food Programme* (21/02/11). He responded, ‘Hah! The *Lancet*!’ and laughed derisively. The presenter responded, ‘Really? The *Lancet* doesn’t represent a point of view that you respect?’ Lansley did not answer the question.

1.10 *Summary: aims of this thesis*

‘Good access to the use to which market research puts the word life-style is not readily available to academics, and systematic scrutiny of the obtainable reports and journals to establish a well-substantiated analysis has, as far as is known, yet to be undertaken’ (Murcott 2000:122).

In a field which has seemingly been studied from every conceivable vantage point, there was one path of study that remained relatively unexplored: a sociological analysis of the language and techniques of food market research and food marketing, and the understanding by food product developers and food marketers of social ranking and segmentation (the industry does not speak of class). This is the central task of this thesis, and is in line with what Murcott, the British food sociologist who led the first major ESRC research programme into food choice (Murcott 1998), argued for in the article cited above, in 2000, and again in (Murcott) 2011. In the intervening period, research agendas in the sociology of food had tended to focus on consumption rather than productive forces, of which marketing and market research is one (two-sided) dimension. The focus on recent food trends, including healthy alternatives, was also in evidence in the presentations at the BSA’s Food Study Group’s inaugural conference in 2008, and the subsequent ones in 2010 and 2012¹¹. Murcott wonders whether this might be because sociologists researching food have the concerns of ‘thoughtful, well informed members of the public’ regarding health and provenance:

They are the people whose research looks to have started from their own lives in the kitchen, the university common room, being ill now and then, as parents, of a left-leaning political persuasion and sometimes as activists and members of pressure groups. They are not the people who are familiar with the inside of a food science laboratory, have marketing experience or know how to run a profitable business. (Murcott 2011a: Point 3.5).

Thus there has been much sociological interest in small scale food production, farmers’ markets, organic food, healthy eating and growing food at home, but ‘noticeable by its absence is attention to the supply side’ (Murcott 2011a: Point 3.6). This is also symptomatic of a longstanding and continuing split between the sociology of food and the sociology of agriculture (Murcott 2011a: Point 4.1). In the words of a sociologist of agriculture, the sociology of food traditionally focused on eating and culture, while the

¹¹ Murcott’s 2011 article was obviously written before the BSA’s food sociology conference in 2012 but I attended the 2012 conference it and presented a paper based on this thesis at it. Again, there was little discussion of productive forces during this conference.

sociology of agriculture has been guided by agrarian political economy (Carolan 2012:305). While it is beyond the scope of my research to fully unite these two bodies of research¹², I bring them together in this thesis. In particular, Chapter 4 reviews food regimes analysis, more associated with the disciplines of geography and the sociology of agriculture than the sociology of food. Chapter 5 explores the changing nature of agriculture and how it has affected diet and health. Clearly both sociologies stand to benefit from extending their focus beyond the traditional focus on agriculture/production or food/consumption, to take in its opposite.

To respond to Murcott's observation above, while I am not familiar with food science laboratories, I do report in this thesis what food scientists say in specialist texts about the health and social dimensions of processed food production and consumption; my experience of marketing was limited to a marketing communications role in a public policy context, but I do report what food marketers are saying and doing, based on their own texts and discussions; I have not run a profitable business, but I report the comments and perspectives of those who do.

1.10.1 Developing the sociology of food choice

Sociological explorations of food 'choice' have primarily focused on how food is consumed, often in small-scale, qualitative studies (a point also noted by Murcott). Some of these studies from recent years, linking food and social class, are referenced in Chapter 3, in the discussion of Bourdieu. However, as long ago as 1986, sociologists Charles and Kerr traced the link between low social class, low income and dietary restrictions in a qualitative study of 200 families in the north of England (Charles and Kerr 1986). These studies offer much insight.

An ESRC research programme in the 1990s resulted in the book *The Nation's Diet: the social science of food choice* (1998), edited by Murcott. Seven of the 18 chapters involved sociologists; ten projects studied food choices in the context of health/risk, the home, family and/or culture. Several of the *Nation's Diet* studies observed social class differences in consumption, and addressed the relationship between diet and health. While many acknowledged the food industry's role in constraining food choice,

¹² Carolan himself does so in his 2012 book entitled *The Sociology of Food and Agriculture*

this was a marginal concern for most. However, an economic geographer, Wrigley, researched how British retailers have shaped food choice; a researcher in consumer behaviour, Gofton, examined British market-research data on food in studying food choice; Flynn et al. looked at the structuring role of food retailers in shaping food choices, and Fine et al.'s combined expertise in economics and food policy examined the propensity of different socio-economic groups to purchase given food types did query food processing and retailing. I cite extensively from more recent such research in Chapters 5, 6 and 7, but note its early appearance in the 1998 ESRC collection.

Sociological contributions to *The Nation's Diet* and in the years since have variously researched how ethnicity, class, gender, age, peer group, family, marital status, schools, income, media influence and the (in)adequacy of benefit levels/low income have affected food choice. What I hope to add from a sociological perspective is a clear description of the role of food *production* in its various permutations, from agriculture to food marketing, in shaping food 'choice', and along social class lines. I hesitate to use the term 'choice' without quotation marks, since I am also concerned to query the degree to which 'choice' – conscious choice – is taking place where food consumption is concerned. I acknowledge the structural limitations to choice imposed by the food supply itself, and by habitus, with the resulting poorer quality diet particularly among those of lower social class, as have some previous sociological studies. I investigate sociological theories and empirical research into food, but I emulate *The Nation's Diet* in seeking out the complementary perspectives of other social sciences. I broaden the sociological critique of social class/low income and diet, looking beyond food behaviours per se to the ways in which food is designed for and targeted at consumers by the food industry based on their social status, and by investigating the outcome for their health. I argue that no social science analysis of food consumption, and in particular, food 'choice', can be complete without recognising the power and strategies of the food industry.

In looking at the food industry, my focus is on the strategies and discourse of food marketing. While many social scientists acknowledge the role of food marketing in influencing diets, this thesis is the first sociological research, as far as I am aware, to trace marketing discourse in order to examine and critique in detail how marketers

research and interact with society to understand and shape consumption, how they understand the consumption patterns of different social groups, and how the industry constructs new products and markets them to fit those distinctions – thereby contributing to social class differentiation in dietary and health terms.

In order to make this argument, it was essential to unpack the role of social class in food consumption, since this aspect so often escapes health promotion policy and discourse and because it is not overt in food industry discourse. I begin this task in Chapter 3 with a theory-testing analysis. Though few theorists address food consumption specifically, I trace the rise, fall and rise of social class in sociology and social theory, and examine several theorists for their insights into the nature of food production and consumption as it changed during the late 20th century.

Chapter 4 reviews the obesity critique, the health effects of food consumption and discusses epidemiological understandings of associations between class, diet and health.

Although my main research interest was in the influence of food marketing on diet, it soon became apparent that marketers work closely with food product developers, and food product developers must in turn engage with agricultural production and trends. All these forces are fed by global investment flows and technological advances in logistics and consumer research.

So marketing is not, of course, solely responsible for the nature of the food supply, though I argue that it is a crucial factor in extending the appeal and consumption of processed foods. The primary texts analysed for this thesis are concerned with market research and food marketing, but my analysis is set within this larger context, aptly illustrating my theme and title in tracing the food industry's influence on the food supply from its origin in agriculture through to its health effects. This is the work of Chapters 5, 6 and 7. In these chapters I cite original texts – discussions of food products and dietary health by product developers and food scientists, plus strategies and approaches used by commercial marketers, in texts written by and for those working in the food industry – as well as research articles from academic marketing journals and books, which evaluate the nature, practice and effects of commercial

marketing. Industry practitioners and business/marketing academics both constitute relevant and legitimate sources for a critical realist, critical discourse analysis of the role and influence of marketing on patterns of food consumption (the critical realist, critical discourse framework of the thesis is discussed in the following chapter).

Critiques by academic marketers reveal a layer of commercial and ideological reality – and industry power – underneath the activities and discourse which characterise commercial marketing. Since they come from within the discipline of marketing, albeit situated within the academy, they merit particular scrutiny as they challenge the somewhat misleading commercial discourse of an altruistic focus on serving and involving the consumer in improving products and services. This ‘insider’ critique could also be mobilised to bolster ‘outsider’ monitoring and analysis of food industry activities.

A summary of research conclusions and ideas for future directions for research constitute Chapter 8. In the following chapter, I discuss the analytical framework which guided my methodological choices, and my research methods themselves.

Chapter 2: Analytical Framework, Methodology and Methods

Part A: Analytical Framework and Methodology

2A.1 *Introduction*

In this thesis I am examining the relationship between the food industry, social class, diet, and resulting health implications. Since I am arguing against a simplistic reliance on individual dietary choice to explain population trends in obesity and diet-related ill health, I was committed from the outset to a critical investigation of underlying explanations for the social gradients in both bodyweights and health and differing patterns of food consumption. The surface level explanation of obesity and/or poor health resulting from poor dietary choices ignores a complex relational context structuring both the production *and* consumption of food. So a critical sociology, and in particular, critical realism, with insights from critical discourse analysis, all shape my analytical and methodological framework. In this chapter I discuss the development of this framework and conclude with a discussion of research methods.

2A.2 *Critique in social research*

A critical sociology finds theoretical grounding in critical theory, broadly conceived, and critical realism in particular. For critical theorists it is essential to examine the knowledge 'which structures our perceptions of the world', and analyse the social process of knowledge 'to reveal [the] underlying practices, their historical specificity and structural manifestations' (Harvey 1990:3-4). Critical social scientists note the potential for scientific knowledge to be skewed by unacknowledged social, political and economic factors, and they therefore enquire 'how ideology or history conceals the processes which oppress and control people' (ibid:6). A critical approach has 'distance to (sic) the data...embedding the data in the social' and aims to 'root out a particular kind of delusion' (Wodak 2007:209). The notion of 'hidden forces' and the need to unmask them is central to critical theory (Delanty and Strydom 2003:215) and it has particular relevance for the enquiries made by this thesis.

Critical theory emerged as a response to positivist thinking focused on agency rather than structure, and aimed to examine concepts such as the 'systemic integration of modern societies in such mechanisms as the market' (Bohman 2003:93) in a way that

more positivist approaches would not likely encompass. The very identification or selection of problems to examine would result in different choices for critical social scientists and positivists, though both are committed to discovering the truth about our world, and finding the reasons for problems so that they can be addressed. Hammersley questioned what he found to be an increasingly meaningless use of the term 'critical'; in particular, the tendency among those who claim to be 'critical' social researchers to find that empirical research conceals ideological underpinnings which may render findings invalid (Hammersley 1995:22). He also looks askance at critical theorists and researchers who set themselves up in opposition to positivism. But Hammersley was writing in 1995; we are only now starting to learn about the invisible but powerful forces which influence public policy, thanks to the Leveson inquiry on relations between the press and political parties and governments. Recent years have revealed the little understood power of Britain's financial sector to influence regulatory policy, contributing to the economic crisis beginning in 2008. And since Hammersley wrote, health inequalities have widened and deepened as major transformations in diet have taken root around the world. There is much more evidence that social and dietary inequalities influence health and longevity; yet this is not the most salient dimension of public policy approaches to obesity and poor diet. Food policy seems to be closely attuned to the wishes of the food industry, either hesitant to challenge it, or ideologically aligned with it in a neoliberal conviction that less regulation is better.

Of the dozens of research studies reviewed for this thesis from the fields of epidemiology, psychology and nutrition, most are empirical and might well be considered positivist. There is a clear dedication among these researchers to understanding the reasons for obesity, and to tracing the possible origins of dietary quality in the eventual emergence of cancers and metabolic and circulatory illness. Some of this research links disease levels and dietary types to social/structural factors such as social class in ways that critical researchers would find equally 'critical'.

However, there is, understandably enough, a tendency for much research into diet and health to focus on over-eating as a behavioural matter, assessing phenomena and patterns of behaviour among individuals, or even groups or networks of actors, which

can be observed and measured. A major strand of this research has led to ‘nudge’ theory, and the growing acceptance by economists, psychologists and policymakers of a high degree of habit and unconsciousness where diet is concerned. This converges with a long tradition of sociological, especially Bourdieuan, investigation of how habit shapes diet. But arguably this pan-disciplinary shift has not challenged the personal responsibility discourse where ‘over-eating’ is concerned; paradoxically, government policy now backs both the personal responsibility and unconsciousness/‘nudge’ explanations for overweight and obesity. Yet the progress made in understanding levels of consciousness in food choice could and should lead to an investigation of less tangible – but real – structural factors which interact with actors’ states of mind.

There has long been a body of research which seeks to understand the behaviour of individuals in their social context and in the larger economic structure in which they act. An expanding line of inquiry, reviewed in this thesis, relates food consumption to food production – both agricultural and industrial. In following such research for this thesis, I sought a framework which offers a deep, contextualised, theorised research framework capable of exploring hidden realities, power and structures. This could shape a fuller understanding of diet and health matters and challenge superficial, piecemeal and ultimately ineffective public policies. One such framework is critical realism.

Crossley usefully illustrates the difference between positivist and realist approaches to causation in a forthright manner which might reassure Hammersley, were he writing his critique of critical research today. While, broadly, for positivists, ‘a’ causes ‘b’, critical realists search for a mechanism or mechanisms linking ‘a’ and ‘b’ to explain more fully why ‘a’ brings about ‘b’ (Crossley 2005:246). These mechanisms may be ‘out of phase’ with ‘the course of actual events’ (Bhaskar and Lawson 1998:5). So, for example, over-consumption of food can bring about obesity, and potentially illness, albeit over the long term, but this apparently closed sequence of events needs to be understood in the context of social and economic structures, operating at rhythms or in cycles that may be ‘out of phase’ with the growth in bodyweights and the emergence of diet-related health problems. A critical realist framework can guide this kind of exploration.

2A.3 Critical Realism: a reaction against positivism

Positivism remains influential in social science...maintaining that valid objects are always observable and measurable...Positivism and deductive logic can become enmeshed in much of the practice of social scientific research. Either informally or formally, through statements of initial conditions and assumptions, deduced consequences or predictions are assessed empirically (Downward and Mearman 2007:84-86).

Scambler, a medical sociologist, finds limitations in the paradigms which have long underpinned health investigations and influenced medical sociology, particularly positivism and its persistence as 'neo-positivisms', and postmodernism (Scambler 2002:3). He also critiques the mid-level theorising of much medical sociology as inadequate for understanding health in its wider social, economic and political context (ibid:1-2). In sociology more widely he finds a persistent underestimation of structure (ibid:156) and calls for a critical sociology to examine the problems of late modern capitalism in a neoliberal era – including health problems, and in particular health inequalities. Williams (2003:45-46) similarly finds the neo-positivist paradigm both dominant and restrictive in health research, with a decontextualised focus on the empirical world, relational explorations lost and accounts of power submerged in survey data. By the same token, health research which privileges lay narratives may miss 'the world beyond what people think and/or say about it' – Williams cites the lack of awareness of health inequalities even by those who experience them (ibid:47). Barbour also expresses uneasiness on the split between theoretical and applied research within medical sociology, with a tension between pursuing 'disciplinary concerns' and the pragmatism required by health services research (Barbour 2010:33-34).

Critical realism is a philosophical perspective emerging from critical theory. It understands reality differently from what might be considered positivist, empirical or even naive 'realism': for critical realists, elements of reality might not be experienced knowingly. Reality is emergent, stemming from the combination of overlapping generative mechanisms which produce tendencies rather than a clear cause-effect law or relationship. Reality, then, cannot rely *only* on perception; some dimensions of reality remain unperceived or even unperceivable, both in nature and in society, and in the latter, the capacity for perception may be more limited for some actors than others (Bhaskar 1997:24). But this does not mean that nature and society cannot

profitably be studied in a scientific manner. Indeed, the phenomenon of not perceiving 'reality' is key to nudge thinking and to food marketing, which relies instead on subtle cues to consumer behaviour. It is fitting that research into these techniques and approaches should look at this missing level of conscious perception of 'reality'.

Critical realism makes a useful distinction between the empirical, the actual and the real (Bhaskar 1989:208 and 1997:41). The empirical is derived from observable experience, the actual from events and experiences which are not necessarily observed, and the real consists of generative mechanisms, which exist whether we are aware of them or not, along with events and experiences (Bhaskar 1997:41). So, to illustrate this thesis topic, a person buys food and eats it (observable experience); those purchases and eating habits are shaped by social status and past experience, consumer research, product development and promotional activity by producers and retailers (real but not necessarily observable by consumers); the range of food options are laid out by a food industry based on changing transnational agricultural, processing, distribution, consumption and health trends (again, real, and potentially observable, but many people remain unaware of such phenomena – and the combination of their effects is observable only in overall consumption and health patterns or tendencies). These three domains of reality 'are not naturally or normally in phase. It is the social activity of science which makes them so' (ibid:42).

As Bhaskar, founder of critical realism, points out, studies of natural phenomena are often characterised by complexity. The empirical does not 'exhaust the real...[and] positivists are wrong to expect the social sciences to find constant conjunctions in the human world, for they are scarce enough in the natural' (Bhaskar 1998:xv). Illustrating this point, a study by Cancer Research UK in December 2011 outlined multiple, overlapping lifestyle factors which contribute to cancer (Parkin 2011a). While the relative contribution of each risk factor to the overall number of cancers in the UK could be quantified, it is more difficult to say in which proportion or at what rate these factors might combine to cause cancer in an individual patient (ibid). Predicting the effect of proposed interventions is also an uncertain matter (Parkin 2011a).

In the case of food consumption, sociological research has uncovered valuable insights by observing and interviewing people about their diets and assessing the social influences on what people eat (for example, Backett-Milburn et al. 2010 and Wills et al. 2011). But there is an urgent need to examine productive forces – in the present case, market research firms – which also closely research food consumption and arguably reinforce consumption patterns (for good or ill, depending upon how you are ranked and inclined as a consumer).

In examining productive forces, some categories of phenomena can be observed (and are analysed in this thesis), such as changes in agricultural production, processing techniques, food siting trends, market research assessments and marketing and advertising discourse and images – though it is not a straightforward matter to measure the effect of these phenomena on food consumption nor their precise degree of influence on resulting health problems. What we *can* see are tendencies, trends and probability. There *is* a social gradient in food consumption; the higher your social status, the healthier your diet, the less likely you are to be obese, the better your health, the longer your life. In short, we have probability; the food industry, as a result of its own research, also has probability as it continues to structure and target the food supply for maximum efficiency and profitability.

In open systems, mechanisms emerging from different domains may be ‘simultaneously applicable’ (Bhaskar 1997 cited in Collier 1998:271). The conjunction of poor diet with ill health that might be related to it is not, of course, instantaneous; there is often a time lag between ingestion of harmful substances and subsequent illness. In the case of cancer, a Cancer UK study estimates this to be about 10 years (Parkin 2011b:S4). Legislation to address a problem can take decades, even after the medical evidence is established, as measures to regulate food adulterations in the 19th century demonstrate (Burnett 1989 and Wilson 2009). There are additional mechanisms and forces beyond and prior to the activity of eating which influence diet-related health.

There is an intriguing parallel here with developments in theoretical physics dating back 100 years, when Planck (1900) and Einstein (1915) made advances which finally led to Heisenberg's uncertainty principle (1927):

Heisenberg had discovered that quantum mechanics forbids, at any given moment, the precise determination of both the position and the momentum of a particle. It is possible to measure exactly either where an electron is or how fast it is moving, but not both simultaneously (Kumar 2008:232).

The empiricist project in science was weakened by the inability of the scientific method to demonstrate conjunctions of time and space down to the atomic level. The analogy in the diet-class-health nexus is the difficulty in determining how the interrelationship works between the different dimensions of human experience. We can assess the weight of an individual, the rate of weight gain, and metabolic tests can assess the presence of illness related to diet, but both the pathology and timing of disease is often uncertain, as is its relationship to changes in different dimensions of food production, including the nature and development of agricultural production and food processing. The very act of measuring weight and asking people to record their food intake can alter their consumption (and possibly weight), much as measurements of the mass of particles in physics can alter their momentum. There are several physical forces which can affect the mass and trajectory of particles, and an array of cultural and economic forces which structure the food supply and influence consumption. It is not an exact science in individual cases, but looking at population overall, useful measurements can be made, and tendencies or probabilities established. This is the difference between equations (describing certainty) and statistics (indicating probability but admitting uncertainty); the uncertainty principle and quantum theory in the 1920s and 30s indicated a shift from equations to statistics, a radical challenge to classical physics still debated today (Kumar 2009).

The rise of obesity is measured by increases in population bodyweights, but we need more than the consumption of food to explain this rise – we need, as theoretical physicists also required, 'a feeling for the order lying behind the appearance' (Hudson 2011:32). This language approaches that of critical realist thinking and its methodological reliance on retrodution. Hence the exploration of social class, the nature of choice and habitual behaviours, and industrial influences on human bodies

via the food supply. Critical realism allows us to reclaim these ‘vital lost dimensions and domains of reality’ (Williams 2003:51); to see them as forces, and to analyse and assess – even measure – their influence.

Both natural science and social science have something to contribute to understanding illness, but social experience cannot be reduced to mere material processes even if it emerges from such processes (Williams 2003:54). So some understanding was lost when the useful information in the study regarding dietary links with cancer was not further linked with either social class or economic structure¹³; this may not be the purpose of this particular research study, but arguably such gaps can limit our understanding. Another study published the same month, the National Diabetes Audit, found that there were as many as 24,000 ‘avoidable’ deaths among people with diabetes each year; avoidable, that is, had people made healthier lifestyle choices (NHS NDA 2011). But while the terms ‘avoidable’ and ‘lifestyle’ reflect personal responsibility and choice discourses, this study did acknowledge that there were twice as many deaths among those from ‘deprived backgrounds’ as those from the ‘least deprived backgrounds’ (ibid). The analysis assessed vital scientific but also social dimensions in the explanation of disease patterns. A range of epidemiological, sociological and some social psychology analyses have explored how lifestyle ‘choices’ are shaped by social class experiences, a path which the present thesis travels.

Critical realists hold a nuanced concept of causation. Thus, where much political and healthy eating discourse emphasises individual choice in determining diet and associated health, critical realism would observe that underlying structures with a role in causation are not being addressed. Yet these structures are a dimension of reality influencing human life, food consumption and health; ‘social structures may be just as “coercive” as natural laws’ (Bhaskar 1979:446). So ‘causal structures’ (Bhaskar 1997:41) must be investigated and an explanatory critique developed to illuminate a given social problem or phenomenon (Delanty and Strydom 2003:377). Bhaskar derives his theorisation of causes and events from a transcendental analysis of science

¹³ However, links were made with age and gender. A similar point was made in a letter to the editor by academics Watterson, O'Neill and Qasrawi (*Guardian* 9/12/11). They noted the omission from the Cancer Research UK study of environmental and occupational effects such as residential proximity to pollution/traffic, long working hours, exposure to disease agents at work, etc.

which understands causal laws as the expression of ‘the tendencies of things, not conjunctions of events’ (Bhaskar 1979:444). One must search for ‘the distinct structures that mesh together in the field of social life’ (ibid:446).

2A.4 *Tendencies and demi-regularities*

In seeking to understand the patterning of phenomena in social life, and to build a critical realist framework for understanding the role of tendencies, Lawson has theorised the concept of partial or demi-regularities. A demi-regularity, or demi-reg, to use his shorthand, is ‘a partial event regularity which *prima facie* indicates the occasional, but less than universal, actualization of a mechanism or tendency, over a definite region of time-space...Where demi-regs are observed there is evidence of relatively enduring and identifiable tendencies in play’ (Lawson 1997:149). These partial regularities are highly significant in the context of a perpetually changing social world in which experimental closure is not possible, and are central to understandings of population diet and health. They can also claim to be scientific: both natural and social science must accept the concepts of tendencies, probabilities and uncertainties which, while not delivering full predictability, are nevertheless useful in advancing knowledge.

As evidence of this, partial regularities are observed in the largely epidemiological research reviewed in Chapter 4 of this thesis. Much of this research, as with health research in general, might be considered positivist: after all, the cause of some ill health is associated with over-consumption of unhealthy foods and/or inadequate intake of nutritional foods. But some epidemiologists take this further and link the overall *quality* of food consumption with health outcomes, and further link the quality of *diets* with social class (typically referred to as socio-economic status in epidemiological studies). Beyond epidemiology, examining food production systems, as some sociologists, geographers and policy researchers do, provides a more complete understanding of the problem of diet and health.

In this kind of research, we can only ever have tendencies (or probabilities). Obesity has increased with the production and increasing availability of snack and convenience foods, but many people are still of ‘normal’ weight. People of lower social classes are

more likely than those of higher social classes to have an unhealthy diet, and larger bodyweights, but not in all cases; and the bodyweight gradient is not observed among men. Some people are healthy and fit even with large bodyweights, as we will see in the evaluation of obesity discourse in Chapter 4. And a significant proportion of people even in the highest social classes are overweight or obese.

Nevertheless, in what Lawson would term a contrastive social demi-reg, there is a *tendency* for people of higher social classes to eat a higher quality diet and have better health than those of lower social classes. This is a persistent and enduring phenomenon, documented in Chapter 4. Scambler notes the consistent reporting of demi-regs like this in the socio-epidemiological research tradition, but he then urges on such research a sociological interpretation ‘on retroductive grounds for asserting the *reality* (in Bhaskar’s sense) of relations of class and command’ (2007:309; his italics). Otherwise, neoliberal rhetoric will simply emphasise the role of individual responsibility (Scambler 2007:311), as indeed happens in the case of diet and health, and particularly obesity.

One other problem is that in looking beyond conventional, surface-level explanations, researchers may focus on psychosocial pathways to ill health, something Wilkinson observes in his research on health inequalities, and for which he is critiqued (Scambler 2002:97; Scambler also cites critiques of Wilkinson by Coburn 2000 and Scambler and Higgs 2001). The former secretary of state for health, Andrew Lansley, interpreted this to mean that people’s self-esteem must be bolstered so that they are encouraged to make better choices for themselves (DoH October 2011). It is not clear how this could actually be done. The psychological experience of low status and consumption may well have links to ill health, but research needs to go beyond this, drawing out the structural forces influencing health inequalities (Scambler 2002:96-97).

In doing so, a critical realist approach would look to the underlying structures of social class, how these are understood or ignored by governments, and how they are influenced by the food industry – to the general ignorance of consumers themselves. We are repeatedly warned of the risks of overeating, and censured for doing so. But the growing spread of non-nutritious foods into a variety of social spaces, and the

targeting of intensively tracked, class-differentiated consumer groups, neighbourhood by neighbourhood, goes largely unremarked in public policy discourse on increasing bodyweights and associated health risks. Even further upstream in terms of causation, and equally unremarked, are the activities of a transnational agri-food industry in shaping our diets. An interdisciplinary group of social scientists has begun to challenge this omission in a global health context, noting that although agri-food systems are closely implicated in dietary shifts which have increased health risks, '[the] agriculture and health sectors are largely disconnected in their priorities, policy and analysis, with neither side considering the complex inter-relation between agri-trade, patterns of food consumption, health and development' (Lock et al. 2010:1699; see also Hawkes 2008 and 2009; Hawkes et al. 2010).

2A.5 *Detecting generative mechanisms*

Critical realist research aims to uncover the generative mechanisms inherent in structures, yet which may not be recognised in social life (Archer 1998a:368):

some things do go on behind our backs and the effects of many that go on before our faces do not require us to face up to them...not all is revealed to consciousness and sometimes that is because it is shaped outside our conscious awareness (Archer 1998b:199).

Some medical sociologists have applied this understanding to awareness of relations of class. Blaxter notes the pointlessness of asking health research participants 'to place themselves in a class structure, especially when asking about an embodied life...asked for general accounts of health, they are hardly likely to invoke the class structure' (Blaxter 2003:79). Yet differing levels of 'health capital' among social groups can account for rates and experiences of depletion of such resources (ibid:80).

For Bourdieu it is similarly unreasonable to ask research participants to explain how their actions are structured, 'precisely because much of this is accomplished, via habitus and the logic of practice, unthinkingly and unknowingly' (Bourdieu cited in Williams 2003:56). Scambler concludes that 'sociology cannot take people's own narratives at face value' (2007:312) when seeking the effects of social structures on people's lives, and Blaxter resolves that class status lies underneath conscious understanding. A writer on retail marketing makes a similar point: when shoppers are

interviewed by market researchers, they only give 'a partial, post-event rationalization for their actions...we as shoppers are consciously aware of only a fraction of our actions' (Scammell-Katz 2012:26,29). He advises marketers to observe what shoppers actually do, and when they are interviewed, to read between the lines to understand unspoken, unconscious motivations.

Just as individuals are unlikely to relate their health or diet to their social class, well intentioned healthy eating discourse does not usually discuss class, focusing instead on the avoidability of many 'lifestyle'-related illnesses such as those cited above. Yet supposed lifestyle 'choices' have a strong correlation with social class, and serious questions about freedom of choice can be raised, as they are in this thesis. Of the tendency to mask or dismiss class issues, Bourdieu makes the point that 'misrecognition of the reality of class relations is an integral part of those relations' (Bourdieu 1990:136). Denial or unconsciousness of class is part of what allows it to be reproduced; in this way it is not sufficiently investigated for it to be effectively addressed. In Chapters 3 and 4, I examine sociological and epidemiological understandings of class in health research and in Chapter 7, I analyse the language used by consumer marketing to denote and target people by social rank while avoiding class terminology per se.

2A.6 *Retroduction in critical research*

Another key concept for critical realist methodologies, cited by Scambler above, is retroduction, in which a researcher moves from a concept in one category or dimension to another concept of a different order: for example, from health inequalities to class relations, which give a partial explanation for the initial phenomenon (Scambler 2007:307). In critical sociology, a 'retroductive mode of inference' moves from 'a knowledge of events to a knowledge of mechanisms' (Scambler 2002:10). My research unfolds retroductively: I summarise political discourse on health, diet and related policy matters (Chapter 1); query theories of class and consciousness (Chapter 3); review the evidence for consumption, bodyweight and class influences on health (Chapter 4), and examine food industry interaction with and reinforcement of class structures via food product development and food marketing

(Chapters 5, 6 and 7). This leads to further exploration of the origins of the vastly increased supply of low-nutrient processed foods, via developments in agricultural production and foreign direct investment (though there is room for only a brief overview of these phenomena in Chapter 5).

There is an important role for spotting and analysing discourse in the process of retroduction. Using the language and paradigm of critical realism, Fairclough, who pioneered critical discourse analysis (CDA), recommends a critical, relational analysis of discourse in the context of neoliberal economics, since ‘the character of the economic system affects all aspects of social life’ (Fairclough 2010:1). In discussing the relevance for critical realism in social research, Bhaskar, too, reminds sociologists that our focus should not only be on the behaviour of large groups but also on the relations between, for example, individuals/groups/structures/nature, and even the relations which emerge as the result of various other relations. We must aim to give social – relational – explanations of human behaviour (Bhaskar 1989:209). Arguably it is only by considering the relational dimensions of food consumption that the patterns which emerge can be fully understood.

Fairclough finds critical realism a particularly fruitful philosophy of social science for the exercise of critical discourse analysis (Fairclough 2010:361). Critical realism has provided the methodological basis for dozens of social science studies of health-related subjects in recent years, but the combination of critical realism and critical discourse analysis is unusual in health research.¹⁴ In this thesis I undertake a version of critical discourse analysis, identifying key discourses, phraseologies and terminologies throughout, and analysing their role in either indicating or obscuring some of the deeper generative mechanisms and ideologies which structure food consumption and its health effects. In a broad sense, this entire thesis is an investigation into the discourse of individual choice and responsibility for diet-related health, assessing its power and validity. It has been my ‘way in’ to the research problem.

¹⁴ A Scopus search on 15/12/11 for ‘critical realism’ and ‘health’ yielded 69 studies; only three studies featured the terms ‘critical realism’, ‘critical discourse analysis’ and ‘health’.

2A.7 Critical Discourse Analysis (CDA) and food consumption

CDA was developed by Fairclough partly as a response to Habermas's warnings that communication is easily distorted, and thus public debate can be harmed because clear information is not freely available. Both Habermas and Fairclough concern themselves (rather unusually for social theorists) with the capacity for advertising, marketing and promotional discourses to colonise many domains of contemporary social life (Fairclough 1993:139); this was a guiding insight for my thesis research, one that is analysed in my theoretical chapter (Chapter 3), with examples of this 'colonising' effect given in Chapters 5, 6 and 7.

The problem, as Fairclough poses it, is this: 'Given that much of our discursive environment is characterized by more or less overt promotional intent, how can we be sure what's authentic?' (Fairclough 1993:142). This creates challenges for consumers targeted by food industry promotions of a wide array of 'healthy foods', as outlined in Chapter 5, which may in fact be problematic for health, and which may obscure genuine public health advice on healthy eating.

Fairclough acknowledges the limitations of an analytical focus on language alone in social research; the relations of social life in a neoliberal era include both discursive and non-discursive elements (Fairclough 2010:12). In this way he answers some of Williams's concerns that medical sociology's focus is often too narrowly on more Foucauldian traditions of discourse analysis, leaving structures unexplored (Williams 2003:50). Adopting a critical focus similar to that of critical realism, Fairclough has concepts of power and structure clearly in his sights. He urges researchers to work in a transdisciplinary manner, moving from discourse to other social processes and back again in a manner which recalls retroduction. This leads us to delve into exactly the 'deeper ontological levels of enquiry' urged by Williams, who notes much discourse analysis which does *not* engage in such layered investigations (Williams 2003:50). So, in the present study, it is clear that food marketing activities have a strong discursive element, but also that they emerge from a food production process embedded in developments in agriculture, international trade and investment, processing technologies, transport logistics and insights from transactional data, and additionally

the need to make profits, which are all different orders of reality from discourse per se. Yet it is changes in all these domains, discussed in Chapters 5, 6 and 7, which have shaped the activities of food product developers and food marketers as they design and promote new foods. In turn, all of these levels of reality are obscured by healthy eating/individual responsibility discourse.

2A.8 *Discourse in the context of this thesis*

In my discussion of the discourse of choice and individual responsibility for healthy eating in Chapter 1, discourse broadly refers to the rhetoric which articulates the government's portrayal of this health issue and drives its ideas about how to address it. I analyse other discourses in this thesis, such as obesity discourse and marketing discourse, which comprise not only a rhetorical dimension but also a set of assumptions, beliefs and practices and the relationship these have to rhetorical forms. For Fairclough, discourse is not so much defined as 'arrived at' through analysing sets of relations between discursive and non-discursive elements 'including objects in the physical world, persons, power relations and institutions, which are interconnected elements in social activity' (Fairclough 2010:3). In this thesis a wide set of relations – between science, medicine, governments, media, the agri-food industry, individuals as consumers, shoppers, cooks, eaters and members of social classes, and the rhetorical forms which describe and pervade the relationship between food and bodies – are analysed. All are interconnected elements in the social activity which constitutes food production and food consumption, and together they explain the problems which can emerge in these processes. Discourse, in this context, is a complex, layered set of relations between objects which bring meaning – and the making of meaning – into social life in ways which can distort it without our awareness of this happening (ibid).

Downward and Mearman (2007) recommend the use the retroduction in moving from discourse analysis to the enactment of activities derived from or reflecting the discourse. Thus we can begin by observing increasing bodyweights in recent decades among a growing proportion of the population, then make epidemiological linkages to various health risks and social characteristics, then analyse healthy eating discourse which depicts this situation as a failure of some to make healthy choices, then query

health behaviour interventions which do not work because they fail to take into account the role of the food supply and a growing consensus on the automatic, unconscious nature of food consumption.

2A.9 Foucault: discourse and health

While CDA is the main approach to discourse adopted in this thesis, Foucault's influence on the role of discourse in social research and its importance (and its restrictiveness) for medical sociology cannot be ignored. Most relevantly for the present research, Foucault developed the concept of biopower, in which the state has an interest in monitoring and controlling the movement and activities of human bodies – and a growing capacity to do so (Foucault 1972-1977:64). While this analysis illuminated, for example, the history and discourses surrounding sexuality and mental illness, I would argue that the failure of the promotion of healthy lifestyles challenges his analysis. Foucault provides a model for what government has *tried* to do with health-promoting discourses, which have doubtless reached some social groups who *have* absorbed messages regarding risk and diet. But if the rise in obesity and diet-related ill health is anything to go by, bodies have *not* overall been rendered 'docile' (Foucault 1975) by health-promoting discourses.

On this point, Crossley (2004) queries sociology's preoccupation with body control. The individualised sense of discipline which is encouraged by state discourses (Foucault 1975:182) has evidently *not* increased 'the forces of the body' in a healthy direction, at least in terms of bodyweight trends in recent decades. In this case, discursal portrayals of obesity and exhortations to reform our dietary habits are *not* powerful in terms of reforming those habits, as the discourse surely intends. Rose and Miller refer to the "'will to govern" fuelled by the constant registration of "failure", the discrepancy between ambition and outcome, and the constant injunction to do better next time' (Rose and Miller 2010:288). It is difficult to think of a more apposite summary of government dietary health/bodyweight policies and the discourse surrounding them in recent decades.

Nevertheless, government approaches to obesity have arguably reinforced understandings of it as individually based, both in terms of a contributor to ill health

and policies to address associated health risks, considerably restricting the terms of the debate and blocking a more comprehensive search for both causes and remedies. In this sense, Foucault's ideas hold some relevance for diet-health discourse, which closes off debate even as it fails to solve the problems associated with food consumption.

2A.10 *Ideology and discourse*

This closing-off is achieved with the help of what Fairclough describes as 'ideological-discursive formations' (IDFs) – discourses containing 'ideological norms' (Fairclough 2010:30). The subjects described or instructed by the discourse and even those who articulate it may not be aware of its ideological underpinnings. IDFs, then, are powerful; they are able to normalise ideologies to the extent that they seem to be not ideologies at all, but simply common sense. As an example of how CDA can be mobilised in the present context, we might recall the comment by the then head of the Cabinet Office and the civil service, Gus O'Donnell, that 'nudge' thinking as a framework for government policy was simply 'applied common sense'¹⁵, when it is more complex and ideological than that. 'Nudge' strategies have been criticised for lacking an evidence base and resisting acknowledgement of structural inequalities or industry practices. They also contradict the government's accompanying discourse of individual responsibility, which assumes a level of consciousness and awareness which 'nudge' thinking denies we have. In focusing on individual behaviour and not structural factors, 'nudge'-inspired policies are ideological in nature, not merely common sense.

I argued in my introductory chapter that the suggestion that the problems of obesity and dietary health can be addressed by individuals making better choices diverts attention from underlying, more opaque but vital explanatory factors, and that this limits both the terms of the debate and the effectiveness of 'solutions' adopted either by individuals on diets or by governments funding health promotion activities. It may be that what this discourse really conceals is a conclusion by politicians and governments that the problems of food consumption and related ill health are simply unsolvable, at least by governments disinclined to intervene substantively in industry

¹⁵ Cited in Chapter 1 (BBC Radio 4:18/10/11)

practices. If diet-related illness is an insurmountable problem, then politicians, by articulating the individual responsibility discourse, can at least ‘dim the critical insights’ that could turn this problem into a stronger challenge to government itself (paraphrasing Scambler 2002:158).

Throughout this thesis I analyse the role of discourses in obscuring or perpetuating the underlying factors also being analysed. In the following chapter, in which I test social theories which might illuminate patterns of food consumption and health, I investigate the fading and resurgence of late 20th century sociological discussions of social class influences on ‘lifestyles’ including diet, and the permeation of and challenges to the concept of an elective lifestyle as it emerged in sociology. In the subsequent chapter, investigating the evidence linking diet and health, class and health, and diet and class, my point of entry is obesity discourse – the portrayal of obesity as a disease, a crisis for society, and the stigma which results for those who are categorised as ‘overweight’ or obese. CDA has a role here, too: these portrayals of obesity can be found in visual images, as in Figure 3, and in the stigmatising of those with large bodyweights. But I demonstrate that there a danger in dismissing the epidemiological research into obesity, which *does* acknowledge subtleties and uncertainties regarding obesity and health, while outlining the levels and types of risk. If those who are overweight or obese suffer either physically or socially, is there not a need to enquire into the structural forces that have contributed to a societal tendency to increased bodyweights before dismissing their significance?

In a further operationalising of CDA, in Chapters 5, 6 and 7, which analyse the food industry and food marketing, my overall point of entry was a critique of marketing discourse by marketing academics, which I had not expected to find. This fuelled my own investigation of applied marketing’s discourses of consumer choice and healthy eating. Since this research led to the deeper roots of these activities in the structure and activities of the agri-food industry, I begin Chapter 5 by setting out this larger context. This globalised industry is itself a generative mechanism for food product development and food marketing, for patterns of food consumption and ultimately health. If discourse is also notable for what it conceals, then the systematic, highly technologised and pervasive market research activities which continually track and

rank consumption habits, food products and consumers themselves, and the scope for marketing to shape and reinforce those habits, have remained remarkably well hidden – largely absent from both individual and public policy understandings of dietary health. Using CDA, I reveal how food industry discourses describe the problem of over-consumption and social class, even while continuing to produce the foods and food combinations which underpin the problem.

2A.11 *Values and objectivity in critical research*

Fairclough has warned that the loss of authenticity in our discursive environment and ‘the colonisation of discourse by promotion may also have major pathological effects upon subjects, and major ethical implications’ (2010:100). The question of values should thus enter considerations of how to research promotional activity.

Critical sociology, critical realism and critical discourse analysis are not value-free stances; each hypothesizes that something is wrong in the situation being studied and takes issue with it. The explanatory critique that results cannot then be value-neutral; but it can still be objective. Furthermore, the research process itself can reveal values which were not assumed at the outset (Bhaskar and Collier 1998:387). For example, while many researchers acknowledge the role of marketing in the consumption of unhealthy foods, I was surprised to encounter a debate over marketing ethics among both applied and academic marketers. This debate is mainly unacknowledged in social science analyses and public policy pronouncements, as well as food industry defences of its actions.

Critical research places a value on fair and reasoned public depictions of problems and debates about them. This is not possible when the problems are described by some actors in rhetorical terms which conceal underlying causes, limit the terms of the debate, and prohibit deeper understandings. Terms such as ‘lifestyle’ and ‘lifestyle choices’ and even ‘health behaviours’ appear routinely in influential, highly empirical, non-ideological health research. Yet, applying the tools of CDA, these terms imply free choice, mask what can be a limited set of options for people in given social groups and neighbourhoods, and divert attention from the growing evidence of the forces of familiarity and habit in food consumption. A critical sociology is able to observe in a

non-partisan way that there is something wrong with a lack of acknowledgement of these factors. The values which are intrinsic to critique here are to do with a commitment to 'the public use of reason' and an objection to obstacles being put in its path (Scambler 2002:154).

One of the problems for critical theory is that an 'illusion of objectivism' can conceal 'the connection of knowledge and interest' (Habermas [1965]2003:239). In seeking where power and responsibility lie in the health effects of food consumption, it is important to examine how knowledge claims regarding the problem are communicated, the language that is used, the interests of different actors in framing issues in certain ways, and the ideology in which those interests are embedded. This is critical discourse analysis in practice.

Critique must aim to reveal how ideologies represent the world and the potential they have to distort understandings of it. For Fairclough the concept of normative critique is central to critical research: a critique 'grounded in values...[assessing] what exists, what might exist and what should exist on the basis of a coherent set of values' (Fairclough 2010:7). Such values might well be contested, and critical social research must be able to explain and justify the values which guide it.

2A.12 *An investigative critique*

Although the logic of the research tasks and methods for this thesis flow from a values-based critique, my research nevertheless required objectivity and a methodical approach. This may seem at odds with an interest in discourse analysis, in which representativeness of data is not necessarily key: the objective is not to outline all possible perspectives on a problem, but 'to examine how particular attitudes are shaped, reproduced and legitimized', to seek to expose contradictions within discourses, and to query 'taken-for-granted meanings' (Tonkiss 1998:253,259). Thus the contradictions of healthy eating discourse were my point of entry for the thesis as a whole. Discoursal sub-themes soon emerged, particularly concerning use of the terms 'lifestyles', 'lifestyle choices', 'individual responsibility' for both diet and its health effects, and a range of statistical and rhetorical proxies for social class, along with a generalised obesity discourse. Critical discourse analysis, in the context of

critical realism, led me to examine the theoretical foundations for these discourses and the social practices described by them, the evidence and consequences of their influence, and their effectiveness in addressing health problems related to diet. Thus I sampled literatures by social theorists and particularly sociologists on the subject of social class, as well as a wide range of evidence regarding diet, obesity, health, class, regulatory regimes and even ideology, and both positive and negative views of marketing and assessments of its influence, intentions and its inner logic. I also acknowledge and cite many thoughtful and instructive market research studies into food consumption.

The methodical nature of this approach also led to an examination of the origins of the food supply in agricultural developments. While critiquing the structuring effects of food industry activities and especially marketing, it was clear that this is the logical result of constant advances in an array of technologies, alongside the need for the industry to grow and profit, and that the context of these activities is very much a global one, even when examining primarily British consumption patterns and health outcomes.

In choosing data and literatures to analyse and review, the qualitative-quantitative distinction seemed a false dichotomy. Both are useful in studying food consumption and health, yet even combining these approaches seemed incomplete without additional elements of both investigation and interpretation which are neither strictly qualitative nor quantitative, at least not as these approaches are traditionally understood. However, if the former can encompass 'qualitative investigations of the agencies and structures that produce [a given] behaviour' (Downward and Mearman 2007:94) then much of my research and analysis has been qualitative. It is also true that many quantitative studies reviewed for this thesis (in Chapter 4) embraced imaginative interpretive linkages which might be thought of as more typical of qualitative (and indeed critical) research: for example, those studies investigating relationships between socio-economic status and diet; income inequality and obesity; agricultural policy, saturated fat intake and cardiovascular disease; and obesity prevalence and the degree of market freedom in different countries. Retrodution

unites these variations on qualitative-quantitative research in pursuit of ‘a nexus of mutually supportive explained propositions’ (Downward and Mearman 2007:92).

2A.13 *A critical-investigative methodology*

The investigative nature of the research prompted an analogy with investigation in the context of law and order, and I wondered if ‘critical-investigative’ could be considered a label for my approach. I later encountered a statement by Bhaskar in which he concluded that ‘much scientific research has in fact the same logical character as detection’; the detective knows a crime has been committed and knows something about the case, but has much to learn about it in order to find who committed the crime (Bhaskar 1997:29). The logic of detection, when properly done, is inherently objective: the detective may believe that the crime is wrong, and may feel that explanations of it are inadequate, but his or her investigation can still be methodical. While not of course suggesting any criminal or even intentional wrongdoing among those I study in this thesis – indeed, conscious intention is missing from several dimensions of the subject at hand and problems of consciousness and reflexivity are themselves objects of my analysis – investigating what accounts for widespread overeating and class-differentiated diets and health outcomes became a process of detection in order to yield successive layers and deeper strata of explanation than I had expected at the outset.

Like Bhaskar’s detective, I began by hypothesizing that there is something ‘wrong’ – certainly simplistic and ultimately misleading – with the way successive governments have presented the health problems associated with food consumption, and the solutions they have proposed. I argue that these solutions mostly fail because they do not address major aspects of the underlying structures and forces which produce the problem in the first place. A deeper, largely unexplored logic and series of generative mechanisms is at work here.

Thus I assess the critique of obesity discourse by a group of sociologists by testing their claims through reviewing large-scale epidemiological studies. This includes epidemiological and social science research linking food and health, health and class, and food and class, to find patterns and connections which make the demi-regularities

of Lawson's concept apparent. Similarly, in challenging the discourse of personal choice and individual responsibility, and in revealing how food industry professionals approach questions of food, class and health, I use critical discourse analysis to trace and analyse texts describing the processes of food product development, marketing, consumption, health and illness, revealing what various industry actors say about what they think and what they do, through their own literature and discourses. This in turn reveals new lessons for policymakers. CDA then leads to an examination of how these texts contradict more public portrayals and perceptions of industry activities and raises questions about the industry's tendency to deny responsibility for consumption patterns and health outcomes.

Yet my literature searches revealed some insightful marketing research into the influence of processed food on obesity. As I uncovered each successive layer of relevant phenomena – from healthy eating and obesity discourses, through investigations by epidemiology, food sociology, medical sociology, psychology, geography, food chemistry, economics, class theory and academic marketing, as well as market research techniques, product development, technological change, capital flows, and agriculture itself – it became possible to make multiple linkages in a retroductive manner, as suggested by critical realism.

In the foregoing, I have laid out the analytical framework and critical approach which have guided my research methodology. In the remainder of this chapter, I explain the research methods I used to substantiate my critique of power and responsibility in the domain of diet and health.

Part B: Research Methods

2B.1 *Theory testing (Chapter 3)*

Crompton reminds us that 'sociological theories...need to be subjected to criticism and evaluation' (Crompton 2008a:1225). There is real scope for going beyond empirical analysis of diet and health to view the role for class in health and to examine the lessons that social theory might have for understanding health problems related to food consumption. Indeed, a *lack* of thorough theoretical analysis and grounding – rather than the more surface level 'theory' or discourse that many people simply do

not eat responsibly – may hold back understandings of rising levels of obesity and diet-related ill health. An increase in these phenomena along an undeniable social gradient happened in tandem with the exponential growth of processed foods and the ‘fall’ of class – or at least, its diminishing salience in either social research or social policy. Yet the ‘naming’ of class is important for understanding dietary patterns; its absence from healthy eating and obesity discourses leaves resulting health issues ineffectually addressed. Thus, in Chapter 3, I analyse the work of Marx, Giddens, Bourdieu and Habermas alongside late 20th century British sociology on the subject of class and its associations with habit, consciousness, choice and lifestyles.

2B.2 Reviewing the epidemiological picture: a sociological analysis of the evidence for a relationship between diet, bodyweight, health and social class (Chapter 4)

The ‘health at every size’ movement, a core of sociologists who support this approach, and an emerging and radical fat activist movement both within and beyond sociology, all take issue with the obesity/health risk discourse. I decided to engage with the sociological critique of obesity discourse because it is an increasingly prominent body of research supplying insights to the dominant obesity-risk discourse, but also because I felt it was in danger of obscuring valid epidemiological findings regarding bodyweight and health, and ignoring the role of the food industry in bringing about larger bodyweights in recent decades. I used this critique as a way in to a broad review of empirical research linking obesity and health. Such research constitutes a vast and ever proliferating field, so in order to engage with it in a manageable way, given the other research questions to be addressed within the confines of this thesis, I reviewed a series of articles from the journal *Obesity Reviews*, all of which in turn reviewed a series of large-scale studies on various aspects of obesity. They were thus able to form a broad consensus on where the epidemiology stood on the implications of bodyweight for health.

The epidemiological consensus remains that there are important associations between bodyweight and health risk for some groups. However, epidemiologists admit that there is still much to be learned about obesity and health. But, as the sociological critique of obesity discourse finds, such caveats have not really permeated obesity discourse, with its frequent portrayals of obesity itself as a disease.

I also reviewed the research into fitness and weight loss, because the food industry focuses its own food/health commentary on fitness, even funding fitness initiatives or giving advice about fitness on websites (Herrick 2009:54-55). This attempt to shift the discourse onto exercise solutions takes the focus off processed/fast food, where at least some health concerns rightfully belong. Fitness has also long been encouraged, somewhat ineffectively, by public sector health promotion campaigns and the fitness industry. A review of this literature reveals nuanced lessons about fitness; it holds some potential for supporting health even for overweight people, even though the extent of its role in lowering bodyweight is questionable.

2B.3 Documentary fieldwork: food industry and food marketing texts (Chapters 5-7)

Some academic studies and journalistic investigations I read looked beyond food marketing to the larger context of industrial forces shaping the food supply. This begins with the way agriculture has changed in recent decades, following the subsidy and accelerated production of certain crops through to their use via new food product development, as snacks and other processed foods, and their subsequent siting and marketing. Food marketing and market research are clearly central to the ways in which consumer tastes are continually tracked and served. But these activities are, however powerful, dependent on and derived from a much larger chain of events encompassing agriculture, corporate structures and goals, and neoliberal ideology itself. Indeed, Harvey argues that the amassing of data is a neoliberal project necessary for decision-making in an increasingly marketised society (Harvey 2005:3). In Chapter 5, therefore, I situate these structural factors in the context of my subsequent exploration of food marketing, diet, health and class, and in Chapter 6, I discuss the data continually collected by market research and employed by marketers and retailers in extending food consumption.

I set out to sample a wide range of marketing documentation, including *Marketing Magazine*, journals and books by marketing academics, undergraduate marketing textbooks and food company and marketing websites. Discourse analysis is intended for 'looking at the way meanings are constructed' (Tonkiss 1998:251) so marketing texts were a vital object of analysis. Marketers refer only rarely to class, but do address social rank and how this is reflected in both food purchases and health. Having

sampled *Marketing Magazine* prior to making my thesis proposal, I continued to do so throughout 2008-2009, and then read each weekly issue from September 2010 to May 2012. *Marketing Magazine* describes itself on its website as ‘the leading news weekly for the marketing community’ and also as ‘home to exclusive industry data’ (<http://www.marketingmagazine.co.uk/go/aboutus/>). It was thus an obvious and essential source for accessing marketing developments, analysis and commentary on both food and class.

Grocery stores are a particular focus of attention in marketing literature and in discussions of the potential for healthy eating from one grocery store to another. I visited a range of stores repeatedly throughout my four years of study; within a ten-minute walk of my home there is a Lidl, a Co-op, a Waitrose and a Tesco. Morrison’s and Sainsbury’s are not far away. During my visits I observed different types of shoppers as they completed their purchases. While this does not form part of my thesis, I felt it was worth doing because it allowed me to observe the quite distinct types and quality of products purchased by different consumers. I also used these visits to compare fat and salt levels in a range of sandwiches and ready meals. Some of these results are predictable; some were surprising, illustrating broadly what was found in repeated studies by the National Consumer Council (reported in Chapter 7). Supermarkets do make information available *on* prepared foods, whereas many fast food outlets selling such foods do not (though health information may be available on their websites). Independent fast food restaurants do not generally supply nutritional information; nor is this thought to be a particular concern of their customers. But these are important players in the foodscape of some neighbourhoods, and it is easy for them to slip under the public health radar. I discuss this matter in Chapter 7.

It was difficult to get marketers to agree to be interviewed (12 food retail and food marketing organisations were approached and two agreed). I had anticipated this at the outset, and knew that marketing commentary was widely available in books, academic journals, the trade journal *Marketing Magazine* (as described above), websites and industry training materials available through the British Library. To paraphrase Williams (2003:45-46), cited earlier in this chapter, analysing texts written

for industry consumption allowed me to get beyond what people might have said about their industry to an outsider who might have been perceived as a critic.

2B.4 *Locating, sampling and analysing food industry and marketing literature*

Though it has not been analysed in detail by social scientists studying food consumption, marketing literature is easily accessed and surprisingly unguarded. This literature reveals an acute grasp of the importance of understanding consumers' lives in all dimensions, including what marketers refer to as socio-economic status, often using the ABCDE ranking, or the dozens of more tightly segmented consumer groupings described on market research websites. *Marketing Magazine* also covered developments in health policy affecting food marketers and the vigorous response of food retailers to government policy proposals. Marketing data houses offer much useful information online, describing in general terms how consumers are segmented and, in marketing their health consulting services to public sector bodies, describing population health by social group. I cite examples of these categorisations from the websites of two major global market data firms, CACI and Experian. I was familiar with them from my reading of *Marketing Magazine* and also newspapers, as studies emerging from their geodemographic data are regularly publicised. Additional marketing websites were consulted when news stories or articles in *Marketing Magazine* mentioned them. For example, reading about the concept of neuromarketing in media reports prompted me to google this term, leading me a website which I subsequently cited in my discussion of this technique.

The British Library makes available a range of databases, documents, textbooks and collections of articles by food industry practitioners. These provided much evidence for the industry's understanding of the social factors influencing food consumption. Many of these documents are extremely costly – intended as they are for corporate users, paying for them from corporate budgets – and could not have been accessed by me except through the British Library. I found these books and documents by doing searches on the British Library catalogue and scanning the marketing and food studies shelves of the Social Science Reading Room, where the most recent items are kept.

These industry texts were revelatory. Several brought together food science and food marketing under the rubric of food product development, in which both disciplines have a role, and this guided me to read further in these areas, and to cite from them in developing my critique of the food industry. In their textual ‘conversations’ with each other, food scientists acknowledge the uncertainties and disadvantages of a diet heavily constituted by processed foods and the relationship of low income to such diets. Having read about specific health concerns by food scientists in these texts, I later turned to electronic journal listings in order to find how these concerns were being followed up by academic food scientists.

In commercial texts, food marketers describe the lengths to which they will go – and advise their fellow marketers to go – in targeting different types of consumers. Others raise doubts about these activities; both approaches are sampled in this thesis. Having already found reservations by commercial marketers, voiced occasionally in *Marketing Magazine*, for example, my search for texts by marketing academics yielded a robust critique of marketing itself, particularly the lack of acknowledgement by marketers and marketing educators of the role of marketing in perpetuating neoliberal economic goals and effects. This critique is discussed at some length in Chapter 6. Its writers are unusual among marketing academics in their ringing denunciation of marketing tropes and practice; its relevance, though emblematic of marketing’s enduring practitioner-academic divide, is in the insider perspective it brings to the discussion of the power and ethics of marketing.

A unique source of information about the food industry was the popular book on obesity by Dr. David Kessler (Kessler 2009), former commissioner (head) of the US Food and Drug Administration, who included many anonymised food industry contacts among his sources of information. Though his book does not address social class, these contacts provided frank insights into how the food industry operates which could not have been gleaned any other way: because they are either anonymous or retired, they are free of restrictions on what they say about their industry, and they make no attempt to gloss over the worst of these practices.

Kessler also cites the work of psychologists in explaining why and how people over-consume. The views of psychologists in research commissioned by the Labour government was exemplified by the Foresight report. The literature on the psychology of food consumption became another line of investigation in my research.

Another non-academic book, developed from the epidemiological work of Christakis and Fowler (2009) on the power of social networks, became best known for the links it made between social networks and obesity. Popular in both the US and Britain, this work was investigated in detail because of its emergence in the public realm through a non-academic version of their research and widespread media coverage of it, its apparent influence on policymakers (it is cited by the Department of Health in Chapter 1), and, crucially, its omission of class dimensions of social networks.

2B.5 *Literature searching in academic and health charity research*

The main search engines I used for academic research were Scopus and Web of Knowledge. I also set up a regular email alert and was regularly sent a small number of journal articles.

Having read the Marmot Review of health inequalities (2010), I subscribed to its email newsletter updates. In my investigations of obesity epidemiology, I subscribed to the National Obesity Observatory's (NOO) weekly update, which listed obesity research internationally and across disciplines. The Department of Health website supplied a range of documents relating to diet and health. By checking it regularly, I found references to other useful research groups and documents, such as those by the Scientific Advisory Committee on Nutrition. Public surveys of food consumption and social class/income were also consulted. All these sources are major, longstanding contributors to both research and policy measures adopted as a result of research, and thus were obvious sources for this thesis.

Though my main purpose was to illustrate the British case where class, diet and health are concerned (though in some cases, such as the Health Survey for England, the data is England-specific), I consulted many non-British epidemiological, social research and marketing studies where they could help to illuminate trends in British food consumption and health. Food production, processing, trade and distribution is a

highly globalised process, and although marketing campaigns and specific processed foods may differ from one country or region to another, there are also surprising continuities, as I reveal. Class structure may vary between countries, but the quality and quantity of food consumption, and its relevance for bodyweight and health, is traceable on a broadly similar social gradient as countries consume an increasingly industrialised diet.

2B.6 *Reviewing literatures in sociology and beyond*

While the work of medical sociologists has been central to my research, sociologies of food and consumption were also fruitfully consulted. Sociologists of food in the UK research an array of topics, from food poverty and sustainability to school food programmes and family cultures and eating practices. However, these studies are not always set in the context of the food supply, industry interests, class structures or health consequences and tend to focus on consumption rather than production or retailing. As discussed in the previous chapter, the director of the ESRC programme *The Nation's Diet: the social science of food choice* (1998) has since called for a greater focus on 'the structure of production and distribution of food, together with the regulatory climate within which they...operate' (Murcott 2000:122 and 2011b (address to BSA)).

The important roles played by families, schools and cultures in shaping food consumption are well researched by sociologists and I cite some examples. But what is not generally recognised is that these forces are also fully tracked by and incorporated into food industry activities in a way which is highly influential on dietary patterns. This is not often addressed in social science, and thus a key influence on our dietary patterns is not central to the discussion. Notable exceptions are the sociological investigations in recent years (by Burrows and Gane 2006; Parker et al. 2007; Savage and Burrows 2007) into the data-amassing capacities of consumer firms and their effect on reinforcing consumption behaviours in general. These provided a vital spur to my research; they are reviewed in Chapter 6.

The perspectives of social/food policy, nutrition, epidemiology, public health, psychology, history, geography, marketing, business studies, politics, economics and

public policy are brought together in this thesis, illuminating how structural forces contribute to patterns of food consumption along social class lines, with a resultant, disproportionate influence on health. Each of these disciplines supplied a different piece of the complex puzzle which cumulatively portrayed a clear picture of the structuring of our diets.

Much valuable work in these disciplines is informed by analysis of official statistics. Even food retailers and market research firms rely heavily on official statistics for consumer profiling and production/siting decisions, though this is again not widely understood. Regular official statistics and government surveys on health and food (also routinely consulted by the food industry) were also reviewed for this thesis.

2B.7 *Popular literature on food and health*

Many non-academic books have been written on food and health; I have already described two such books (one by Kessler and one by Christakis and Fowler; the latter two are academics but their book was published for wider public consumption). Early on in my research, I read several more on food consumption or consumption more generally¹⁶ and was alerted to some worthwhile academic studies in this manner. In such cases I refer to the original study if I discuss them in this thesis. While these books have much to contribute to public awareness of food industry practices, they do not usually address the social class dimension of food consumption. It was not possible to review these works in any detail for reasons of space, but the work of these authors provided a useful perspective. Their omission of class helped to confirm my decision to add a class dimension to my analysis. In fact, subsequent comments by two food writers and critics that things are changing for the better, with ‘people’ now demanding better quality food, seemed overly optimistic and even misleading (BBC *Food Programme* 04/03/12, Joanna Blythman and Michael Polan). A subsequent contributor to the programme, from a leading market research firm, said:

The great British food renaissance is over. The continued squeeze on incomes, high food price inflation and intense competition between the supermarkets will lead us

¹⁶ By Roberts (2008), Blythman (2006), Lawrence (2008), Barber (2007), Patel (2007), Pollan (2008), Lawson (2009) and Nestle (2003). Nestle is an academic nutritionist but this 2003 book, *Food Politics*, was written for a broader audience.

increasingly towards cheaper and cheaper food and away from higher quality, higher welfare foods from skilled producers (Quick 2012)¹⁷.

Popular food writers and their readers need to take account of uncomfortable analyses like these, which challenge the supposedly growing awareness of healthy, sustainable food consumption.

2B.8 *The role of media monitoring in tracking developments in the field*

Close monitoring of news and current affairs can make an invaluable contribution to sociological investigations of emerging social issues. Doing so alerted me to several studies and policy announcements, and reactions by key actors, which literature searches might not have revealed for some time, partly because of the time lag needed for academic analysis, but also because these reports sometimes covered the subject from an angle I had not considered. If media coverage of specific academic studies seemed relevant, I read the original study before discussing it in my thesis. Newspaper and broadcast news programmes also mount periodic critiques of marketing and advertising, and cover the issue of eating patterns from a variety of angles and the perspectives of a variety of organisations, including consumer and health charities. These organisations regularly release studies via media announcements; monitoring the results of these investigations as they emerged was vital to my research.

News organisations also routinely cover government announcements and policy changes; the current government's invitation to the food industry to contribute to health promotion programmes was controversial and developments were closely followed through media reports of DoH documents, speeches by ministers, and critiques by a range of interest groups. Tracking news reporting also shows the influence of new ideas on governments and government/policy discourse. Two newspaper editorials in 2008 and early 2010 on the subject of 'nudge' theory, written by George Osborne and one of the authors of the book 'Nudge', alerted me to the role

¹⁷ This quotation was taken from a recording on Kantar World Panel website; he was participating in a debate at the Real Food Festival to be aired on BBC Radio 4's The Food Programme <http://www.kantarworldpanel.com/en/index.html#/News/news-list/giles-quick-bbc-radio-food-programme> (Accessed 31/05/12) London

this approach would take in the coalition government. Regular statements to the media by government ministers and medical authorities throughout the writing of this thesis reflected the continuing dominance of personal responsibility discourse in discussions of obesity. This confirmed to me the merit of investigating this discourse.

**2B.9 Food retailing and consumption:
*seeking out contemporary visuals to express the encroaching 'foodscape'***

Media and advertising images illustrate the differing foodscapes of deprived and prosperous areas and social groups. I consulted a range of sources for such images dating back to the 19th century. In news reports about obesity, pictures of anonymised fat people, which arguably perpetuate negative images of those with large bodyweights, are often used and I reproduce one to illustrate this practice. I have included a range of photographs and illustrations of food consumption in this thesis, demonstrating the historical continuities in the portrayal of class issues as well as overeating, and illustrating the spreading of fast food availability in public spaces.

The concept of an ever-proliferating, obesogenic foodscape, which emerged from a study by Winson (2004), a Canadian sociologist, prompted me to search for contemporary photographs of such images and reproduce them in the text where appropriate. These visual images illustrate powerfully the result of a long chain of events and forces which site certain foods in certain shops and high streets, for consumption by targeted groups of people. Webber, who pioneered commercial classifications of social groups, describes the range and depth of official/administrative and transactional/consumer data used to build up these profiles, but finds that this 'quantitative evidence' is best tempered by the qualitative use of street photographs; he took 1,000 such photos around the UK himself in 2003 for use in Mosaic profiles for Experian (Webber 2007:192). The potted versions of consumer profiles on websites for market research firms Experian and CACI are accompanied by illustrative, emblematic photographs on those websites. Bourdieu's seminal work on class and consumption, *Distinction*, is illustrated throughout with photographs; I also took inspiration from this work. Several photos were commissioned for this thesis and show new snackfood installations in places which did not previously have them. Images of food, food

consumption, and large bodies both exemplify and reinforce discourses surrounding food and health, and as such, rightfully belong in a thesis addressing industry's influence on diet and health. I would also note that the increased availability of photographs online and the technical ease of scanning or photographing images and downloading them means that it is becoming more possible to illustrate sociological texts with images. A paper cited in this thesis by Bagwell (2011) includes photographs of fast food consumption in East London by way of illustrating her data. This is not visual sociology per se, but the illustration of sociological discussions for the purpose of making meaning clearer and strengthening the impact of research. It has been prompted by rapid developments in technology allowing fast, cost-free photographs or other images to be scanned, downloaded and pasted into text documents.

2B.10 Conclusion

In this thesis, I investigate the validity of assumptions about diet, freedom of choice, individual responsibility and health effects of food consumption by examining the out-of-view activities further upstream than the usual focus of the diet-health-class nexus, i.e. the purchase and consumption of food. That is not where the problem begins and ends. I draw attention to the many invisible connections and relations in a multi-layered, overlapping food production and consumption system in which those shaping consumption via the design, marketing and siting of foods, and those providing healthcare for diet-related illness, may have little awareness of the forces of capital, agriculture or industry which began the process much further upstream. Thus it is all too easy to fail to acknowledge the unequal relations between different sectors of society in terms of access to and familiarity with healthy food.

I propose that a critical methodology – critical theory informing a critical sociology, the analytical framework of critical realism and insights from critical discourse analysis – can reveal forces, relations and structures underlying food consumption patterns which cannot easily be observed, yet which nevertheless manifest themselves in bodies which may become chronically ill, or as one food systems critic has described it, both 'stuffed and starved' – pathologised in growing numbers as a result of the modern industrialised diet (Patel 2007).

In the following chapter I test a range of social theories on class, habitual behaviour, reflexivity, the economy and governance for their insights into food production and consumption.

Chapter 3

Theory Testing: Applying Social Theory to Food Consumption and Social Class

3.1 *Introduction*

Behavioural economics and its operationalisation as ‘nudge’ theory have made a strong case for the force of habit and a lapse into routine, unthinking behaviour in many different contexts, including food consumption. Yet the discourse of personal responsibility for dietary choice persists and is mobilised as the way forward in dealing with diet-related health problems. It constitutes the rationale for both food industry and government resistance to more structural reform of the food supply. Moreover, much academic study is devoted to the study of eating behaviours, and while much of this research is insightful, it reinforces the personal responsibility/individual choice discourse and leaves structural factors insufficiently explored.

In seeking to dislodge this dominant and somewhat misleading discourse, which has driven policy (or the lack of it) since obesity rates began their accelerated increase in the late 1980s, I turn in this chapter to social theory. Amid some internal debates and disagreements, sociology has produced a rich vein of argument and ideas which can strengthen the core of behavioural economics by giving it a social context – a social structure in which the forces of class and habit are observable as intertwined. This addresses a lacuna in ‘nudge’ approaches where food consumption is concerned.

But while social class has seen a rebirth in sociological analysis, other disciplines, along with political commentary and public debate, do not always acknowledge class as a formative, structuring force, nor do they query how class is perpetuated. Even within sociology, there continues to be much focus on how culture – excluding both class and economic forces – shapes social life. This gives an incomplete picture of what is happening when changing consumption patterns begin to yield troubling population health consequences, as in the case of diet. If the food industry engages with social structure, social rank and psychology in developing and marketing food products, then social scientists need to explore this. As a critical realist framework might suggest, structural forces, whether social (class) or agro-industrial (the nature of the food supply) or psychological (the emotional resonance of foods embedded through

marketing), are not observed or experienced consciously, just as foods and diets themselves are not fully conscious choices.

In this chapter, therefore, I apply social theories to the empirical worlds of food production, food marketing, food choice and health promotion, testing each theory for its capacity to illuminate patterns of food consumption. In challenging healthy eating/personal choice discourse, the theoretical arguments I mobilise reveal the weakness of assumptions that lifestyles, including diets, are consciously chosen. In subsequent chapters, the disciplines of epidemiology, psychology and marketing will also call these assumptions and the resulting dominant discourse into question.

Giddens's writings on reflexivity are particularly deserving of detailed critique because of their prominence within the academy, their influence on both discourse and policy, and their inconsistency where questions of diet and choice are concerned. His references to diet are casual observations – no more than personal views – but, along with his notion of lifestyle and individual responsibility, and the influence these ideas and Giddens himself had on public policy under New Labour, they also merit close examination. But Bourdieu's concept of habitus and Habermas's analysis of the colonisation of the lifeworld by external forces, including marketing, go much further in theorising why and how we eat the way we do; their work will also be analyzed in depth.

Developments in the sociology of class are debated by Savage, Crompton, Skeggs and others, with medical sociology perspectives supplied by Scambler. The central role of the 'cultural turn' in deflecting attention from class is key, along with its interaction with the sociology of consumption, drawing particularly on Crompton and Edwards. A persistent analysis of health in the context of capitalism remained in medical sociology, and this will be traced. The food regimes 'approach' similarly contextualises food production within the context of capitalism, and particularly neoliberalism, and is explored for its contribution to revealing changes in the nature of the food supply which have in turn affected consumption.

Since much use will be made of official national statistics in my review of empirical literature on diet, health and class, and because they are incorporated into consumer

marketing classifications, this chapter would not be complete without a discussion of how official national statistics classify social groups, and in particular, how the Registrar General's classification has been reformed in response to sociological critique (Crompton 2008b). Graham's analysis of health inequalities also discusses these innovations (Graham 2007).

In addition to the wealth of late 20th century social theory, which I explored for its insights into food consumption and health, it was also illuminating to turn to the 19th century for an examination of Marx, not least because we will see his insights reproduced or contradicted by our modern theorists and by the contemporary and highly empirical world of food itself. Marx's thought also provides a clear view of the interlocking relationships between the forces of history, family, culture and economic change in structuring social life, including eating. It is a line of thinking which I will continue to trace throughout this thesis, later illustrating how alert food marketers mobilise this understanding even today.

3.2 *Marx, Class and Food*

'Life involves before everything else eating and drinking' (Marx [1845]1997:100).

Marx's theorising of social class was very much of its time, and notoriously incomplete; a section on classes in *Capital* is only two pages long and he never theorises the nature of social classes (Pierson 1997:15). But his analysis of capitalism and history is grounded in a very empirical concept of human action and societal development which is still fruitful.

For Marx, the development of human life and indeed history itself is not a matter of advancing, disembodied consciousness but 'a quite material empirically verifiable act, an act the proof of which every individual furnishes as he comes and goes, eats, drinks and clothes himself' ([1845]1997:108). This wording strikingly reflects contemporary market research techniques which are now, in the digital age, able to track consumers in highly 'empirically verifiable' ways as they carry out exactly these kinds of actions in their residential and working neighbourhoods and 'foodscapes'.

It is natural that Marx's highly materialist view of history and human life would include references to food and health. He was conscious of the central role of food in human

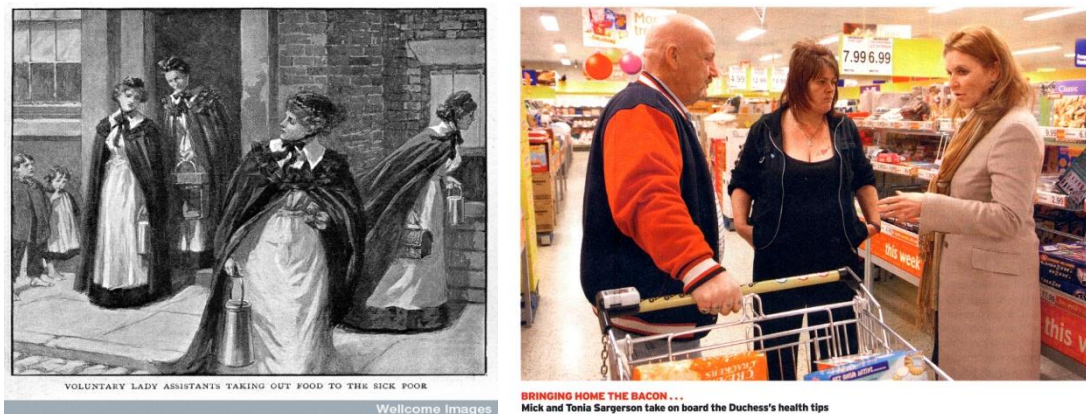
history, referring, for example, to the lack of key commodities contributing to the Napoleonic wars in the 19th century ([1845]1997:107), and of the significance for human societies of the shift away from small-scale food production to industrial production and industrial work.

Marx was also acutely aware of the poor living conditions of industrial workers, their stunted bodies and shortened lives ([1867]1997:235) in which inadequate diets had a major role to play (Burnett 1989; Steel 2009). 'Capital', he avowed, 'is reckless of the health or length of life of the labourer, unless under compulsion from society' (Marx [1867]1997:235). His concern for the health of workers was not universally shared at the time; a common view of the poor health and circumstances of some sections of society was that these resulted from a failure of initiative and resolve. Popular ideas of human character in Marx's time included 'two sorts of people, one the diligent, intelligent, and above all frugal elite; the other, lazy rascals, spending their substance, and more, in riotous living' (ibid:236). The notion that the poor were responsible for their low status and any problems accompanying poverty, such as ill health, was evident in both 19th and 20th centuries (Burnett 1989; Pember Reeves 1913; Steinbach 2004) and arguably its residues can be traced in the discourse of individual responsibility regarding diet and health. Giddens refers to a middle class tendency to deny the importance of social class in people's lives, and to believe instead that individual initiative accounts for personal achievement (or lack thereof). This is a powerful discourse in British society and politics, and one which Giddens himself would subsequently reinforce (Giddens 1982:162,166; 2007).

It was pointedly displayed in British television programmes over the past ten years on overweight and obesity, in which lower status overweight people were taken to task for their high fat diets by higher status experts; Gillian McKeith's *You Are What You Eat* is one example.¹⁸ This is a modern version of higher social classes providing a supervisory role regarding the diet of the poor, as pictured in the following 19th century illustration. The accompanying photograph, of the Duchess of York trying to help a low income family with multiple diet-related health problems make better

¹⁸ This approach has altered in more recent programmes about hospitals serving fast food, or pairing overeaters with undereaters in behaviour change partnerships. One programme featured a presenter concerned about her own weight (though she was slim and participants were not).

choices, is from a 2008 television programme (Duncan 2008)¹⁹; it is a social practice with a long history in the UK. While it is well intentioned, such cross-class intervention could not resolve food inequalities in the 19th century, and cannot do so now. Such interventions nowadays reinforce an image of ignorance, incompetence and fecklessness among those of lower social class who have a poor diet. This bolsters the discourse of personal responsibility for dietary practices: if these people cannot improve their diet even when taught by their 'betters', then it is their responsibility for any resulting food consumption and diet-related illness.



Images of food and class in the 19th and 21st centuries: Figure 1, © Wellcome Images. Figure 2 is by Duncan, A. (2008) in *Radio Times* 17-23 May 2008; full details in Reference List.

Marx portrayed industrial workers as 'determined and regulated on all sides by the movement of the machinery, not the other way round' ([1857]1997:199). In recent decades, a radically altered concept of health and safety at work and a much higher overall standard of living and health has transformed the picture – not least because of the ways in which capitalism *has* come under compulsion from society via health and safety standards. Yet there are parallels: workers in offices now find themselves at the opposite extreme of physicality – sedentariness – which carries its own health risks and alienation from the body. Their working days are shaped by the nature of the technology they use. The link between obesity, sedentary lives, including working lives, and health problems including musculo-skeletal disorders is now widely acknowledged.

¹⁹ She did so in a non-judgemental manner.

3.2.1 *Food, drink and the nature of choice*

On the question of the power of the individual to act, Marx famously insisted that ‘circumstances make men just as much as men make circumstances’ ([1845]1997:08) and more generally, ‘Men make their own history, but they do not make it just as they please; they do not make it under circumstances chosen by themselves, but under circumstances directly encountered, given and transmitted from the past’ (Marx [1852]1997:156). In terms of the grand scale of historical change, he describes the inherited nature of the productive forces:

In each stage [of history] there is found a material result: a sum of productive forces, an historically created relation of individuals to nature and to one another, which is handed down to each generation from its predecessor...which...is modified by the new generation but also prescribes for it its conditions of life and gives it a definite development, a special character (Marx [1845]1997:108).

So the freedom of the individual is circumscribed by these inherited ‘circumstances’, which can only be modified but not discarded altogether. Giddens, Bourdieu and Habermas all accept varying degrees of limitations placed on individual action, though ultimately Giddens emphasises the conscious reflexivity inherent in human life and human choices. Marx describes a historical *process* which has a degree of reflexivity to it (though he did not use this term) as systems of various kinds (financial, agricultural, familial/cultural, technological) interact with one another. This process brings about change, but interacting systems over time do not offer to everyone the same opportunity to interact with what is new in each system or domain, and therefore to make fully free and informed choices. There are limitations on individual agency; for example, ‘man is not free to choose his productive forces...for every productive force is an acquired force, the product of previous activity’ (Marx [1846]1997:121). The productive forces shaping agricultural development – the forces of science, technology, labour and capital, including agricultural subsidies – generate the basic commodities that constitute our diet, including the crops (such as corn²⁰ and soya) on which many snack and convenience foods high in fat, salt and sugar (HFSS) are based.

²⁰ Even in Marx’s time corn had value beyond its ‘plain, homely, bodily form’ as an object of utility ([1867] 1997:214).

Marx's writings are primarily associated with production as the determining force of economic and social life, but he also acknowledged the role of consumption in the development of capitalism.²¹ The separation of human beings from their role as producers of their own food was an 'epoch-making' development; Marx describes 'the expropriation of the agricultural producer, of the peasant, from the soil, [as] the basis of the whole process' of class formation in capitalism and the history of capital itself (Marx [1867]1997:239-240); it was certainly to alter the character of people's diets.

The need to eat and drink for survival is the basis of the first productive activities. Satisfaction of these very material, physical needs then 'leads to new needs' (Marx [1845] 1997:100). There is a way in which 'new needs' are engineered so as to contribute to capitalist profit via increased consumption. Marx is explicit about this, talking about 'the production of new consumption...[by] quantitative expansion of existing consumption...creation of new needs by propagating existing ones in a wide circle...[and] production of new needs and discovery and creation of new use-values' (Marx 1973 cited in Pietrykowski 2009:89). This is a prescient description of a key strategy of consumer industries and their marketing arms.

Examining these 'new needs' in the context of food and drink – once basic needs have been met – we might consider the array of foods and techniques of food production and preparation throughout history, or, within the context and timespan of an individual human life, the gradual expansion of the types of foods consumed from infancy, throughout childhood and into adulthood. Both these processes take place in geographic, agricultural, technological and social contexts: no individual begins the process of food consumption anew and independently. A system is in place to grow, process, distribute and prepare food, and a constantly extended range of foods is presented to us. As Marx outlined above, something very different from a merely 'quantitative increase in consumption of extant goods' is taking place (Pietrykowski 2009:89).

²¹ 'Agriculture comes to be more and more merely a branch of industry and is completely dominated by capital' (Grundrisse [1857] 1997:190).

As infants, our 'consciousness is...merely consciousness concerning the immediate sensuous environment and consciousness of the limited connection with other persons and things outside the individual who is growing self-conscious' (Marx [1845] 1997:101). Consciousness in the context of eating is thus shaped by the foods produced, sold, and then prepared and fed to us, usually by family members. Bourdieu's work and much empirical research has provided evidence for this model of dietary development, along with psychology research which builds on both cultural and evolutionary forces in food consumption patterns; even food marketing research concurs.

But Marx made it clear that consumption helped to 'differentiate consumer/workers through the diversification of consumption patterns' (Pietrykowski 2009:89). This is as true of food consumption as of any other consumer good, as Bourdieu would emphasise a century after Marx. Such differentiation is described as segmentation in consumer marketing (see Chapter 7).

Marx could not have envisaged the technological developments that would enable the expansion of consumption in the 20th and 21st centuries. Both food processing and the tracking and marketing of food consumption would play a powerful role in reinforcing consumer identities and the instinctive notion that 'this is food for people like me'. But Marx knew that technology was a key structural force bolstering both production and consumption. Capital would always remove any obstacles to 'the development of productive forces, the expansion of needs' (Marx [1857]1997:95) – wording which acknowledges the symbiosis of production and consumption (Edwards 2000:16). Yet Marx's analysis of the relationship between production and consumption is 'underdeveloped and open to interpretation' (Edwards 2000:16,176).

Some late 20th century social theorists, turning to culture rather than class to analyse societal change, would conclude that this 'expansion of needs', generating an endless array of consumer goods, would eliminate structured social classes as people constructed their own identities via consumption. But not all consumers are equal; our consumer status and profile are connected to our social class, even if this term is not used by consumer/retail industries.

3.2.2 *Consumption and the division of labour*

The division of labour which develops in capitalism leads to a varying distribution ‘both quantitative and qualitative, of labour and its products’ (Marx [1845]1997:102), a process which will be reflected in the distribution of foods among different segments of society. Foods are purchased and consumed in ways which flow from an individual’s education, family background, labour and wages, indicating gradations in consumption in terms of both quality and quantity of food. Official statistics still assess food consumption and health in terms of a socio-economic structure largely based on employment, with its implications for income. Marketers also consider consumers in terms of their occupations (among other categorisations).

Marx writes that the division of labour ‘fixes’ each individual into a specific ‘exclusive sphere of activity which is forced on him and from which he cannot escape’ (Marx [1845]1997:104). Such language may overstate restrictions on occupational mobility nowadays, but it is useful for analysing food consumption patterns by category of employment. The inescapability of labour-related ‘spheres of activity’ can animate the concept of the individual’s foodscape in the areas where he or she lives and works. Technology makes it possible to trace – and, arguably, ‘fix’ (embed) – individual consumption patterns along geographic/spatial lines, and to inform food suppliers of the tastes and purchases of consumers in a given area, for which they then cater, in a process that seems self-reinforcing (see Chapter 6).

In this process, dietary alternatives are geared to different classes of workers/residents/consumers according to their known tastes. As illustrated previously, our consciousness of the kinds of food we *can* eat and *want* to eat is shaped from earliest infancy, throughout our school years, and into adulthood, by food providers throughout the food chain – from agriculture, to industry, food retailing and through the influence of the family and social networks. By adulthood, the foodscape through which we move responds to and reinforces the tastes we have developed through this process.

Marx acknowledges those who subjectively raise themselves socially, but insists the individual cannot really transcend the social relations ‘whose creature he socially

remains' ([1867]1997:205). Bourdieu also articulates this notion: 'the dominated have only two options: loyalty to self and the group...or the individual effort to assimilate the dominant ideal which is the antithesis of the very ambition of collectively regaining control over social identity' (Bourdieu 2010:385). At the very least, then, there can be a kind of alienation when the individual makes this sort of attempt; even if s/he succeeds in assimilating the dominant ideal (or transcending the social relations of the habitus), some aspects of it may be retained. In explaining change and continuity in food consumption patterns, it is possible that even where there is some degree of social mobility, perhaps via education and occupation/income, dietary patterns may not change significantly for the better. In seeking to understand levels of obesity among men, who do not exhibit a social gradient in bodyweight, this insight may have some purchase.

3.2.3 *Marx and 'lifestyles'*

The term 'lifestyle choices' where food and drink are concerned would not withstand close scrutiny under a Marxist framework, given his focus on the restrictions of human life and the circumstances we find ourselves in, rather than actively create. But lifestyles and lifestyle choices are commonly cited by food companies, doctors, government ministers, researchers and health promoters when they discuss diet-related health. It is a concept picked up by Giddens, with some qualifications, but much critiqued by other sociologists.

That the individual is primarily responsible for his or her food consumption and consequent diet-related health is a 'ruling idea', to use a Marxian term ([1845]1997:109), articulated independently by the groups listed in the preceding paragraph. Given their widely varying skills, occupations, educational background, salaries, influence and lack of cohesion, these dominant groups are not a Marxian 'ruling class', although arguably all have a role in governance. But where food and health are concerned, they collectively constitute an example of Marx's material and intellectual forces generating a ruling idea, shaping the prevailing public understanding of diet and health.²² The benefits of a healthy diet are clear, but the accompanying

²² 'Dominant' class may be a more fitting term than 'ruling' class.

notion – that we are responsible for achieving a healthy diet, regardless of our circumstances, the limitations to consciousness in food choice, and the structuring of our diets by the agri-food industry – is more suspect. But the lines between the two are blurred in the discourse surrounding this ruling idea.

Marx was concerned to reveal the connections between ruling classes and ruling ideas, as the latter do not arise unbidden out of nowhere ([1845]1997:110). Who produced the ideas? In whose interests are they? Marx writes of the tendency of the dominant class ‘to represent its interest as the common interest of all the members of society... It has to give its ideas the form of universality, and represent them as the only rational, universally valid ones’ (ibid:111). For Marx, ‘the class which has the means of material production at its disposal, has control at the same time over the means of mental production, so that...the ideas of those who lack the means of mental production are subject to it’ (ibid:109).

Marx’s concept was developed by Gramsci in the early 20th century, who described the ‘hegemony’ of ruling ideas by dominant forces, which, despite their power, do not merely impose their ideas – they seek the ‘active consent’ of those who are subordinate (Crompton 2008:43). Hegemonic power is a kind of continually re-negotiated dominance ‘across the economic, political, cultural and ideological domains of a society’ by one class over others (Fairclough 2010:61). The dominant group builds alliances, making concessions as necessary. Applying this concept to a class analysis of food consumption, we can observe the adoption of healthy eating discourse, and some at least apparently healthy products, as part of ‘corporate social responsibility’ efforts on the part of food manufacturers and retailers to convince government that tighter regulation of the food industry is unnecessary. Hegemony is achieved on the consumption end of the spectrum when those who have unhealthy diets can be seen (in the context of healthy eating discourse) as ‘consenting’ to or integrating the idea that individuals are responsible for their food choices, and consequently, their health. Ideology, then, becomes ‘naturalised, automatised’ – simply “‘common sense” in Gramscian terms’ (ibid:67).

Exploring these insights in the 21st century could reveal ‘enduring continuities in the way that powerful groups organize society in their own interests’ (Savage and Williams 2008:4). Scambler also spots a ‘striking empirical neglect of the rich and powerful’ (Scambler 2002:156) in terms of research tracing their political influence. Much energy is wasted arguing for a stronger role for government policy in alleviating inequalities if we do not understand how politicians and senior civil servants are connected with the commercial world out of which they often emerge – and to which they often return (Scambler 2002:100-105). Elites lobbying for deregulation or resisting regulation should also be tracked for their influence on policy while ensuring larger returns on ‘entrepreneurial activities’ (Scambler and Higgs 2001a:4).

Pollock has documented the career path of elite individuals from private healthcare management consulting companies into the NHS and back again, noting the effect on health policy (Pollock 2005). Lee and Goodman (2002) traced a similar phenomenon internationally, among global health policy experts. Buse cites evidence of transnational companies influencing health and regulatory policy regarding ‘sugars, pesticide use and residues, transfatty acids, additives and dietary guidelines’ at global level (Buse 2005:191). Abraham and colleagues trace the phenomenon of regulatory capture in medicines regulation (for example, Abraham 1997; Abraham and Lewis 1999; Abraham and Davis 2005 and 2006). Miller and Harkins (2010) monitor efforts to influence policy by the food and drink industries.

But there is more to do, given the lack of analysis of class in the context of the power of ruling ideas in a neoliberal era. At such a time, and despite the insights of both Marx and Gramsci, ‘the possibility...that the ruling ideas might be those of some ruling class is not even considered, even though there is overwhelming evidence for massive interventions on the part of business elites and financial interests in the production of ideas and ideologies’ (Harvey 2005:115).

Applying this analysis to food consumption, it is apparent that the food industry needs to do more than simply produce food: a set of ideas must also be constructed to support its consumption. This was particularly true once agricultural shortages became surpluses in the second half of the 20th century. Thus advertising messages tell

targeted groups that they deserve these snacks and convenience foods; we are busy people; we can eat while working or in the cinema or watching television (i.e. without really thinking about it or being fully conscious of what we are doing). Furthermore, these foods will be available everywhere we go, as the potential for siting foods continually expands.

Since the early 1990s, food technology has been taught in schools. Students learn about industrial processes, design, packaging and marketing food in a shift in educational practice which has been little analysed by social scientists. While some teachers continue teaching cookery within the rubric of food technology, the shift from one to the other at least in name seems to have been intended to prepare future consumers (and possibly food industry workers) for an uncritical acceptance of food industry activities and products (BBC *Food Programme* February 2012).

The food industry is a powerful productive force – productive of both food products and the ideas we need to absorb in order to consume them. If one of these ideas – that we are all individually responsible for our food choices – is accepted as true, there is little need for the state to intervene in matters of food consumption, except perhaps to promote healthy eating and fitness as a lifestyle.

3.2.4 *Consciousness and diet*

But how conscious are we of what we eat? If it is our social being that determines our consciousness and not the other way around, as Marx argued ([1859]1997:119), then our consumption of food will be shaped by our social life and experience. Food consumption is a matter of routine, in which conscious choice is often not required, particularly when we are moving through habitual foodscapes. Research into food consumption by psychologists also indicates a high degree of unconsciousness in eating patterns (see Chapter 6).

Some contemporary theorists feel we must break with the classical Marxist concept of the power of one group to exploit another ‘in favour of the recognition that the capitalist system as a whole exerts particular systemic powers over all its members’ (Postone 1993 cited in Savage 2000:12). An analysis of food marketing by social group

will provide some backing for this argument (we are all targeted in different ways by the food industry and most of us are now overweight or obese), but in examining states of diet-related health, it is undeniable that lower status groups tend to consume less fresh food and more processed foods of poor quality. They also have worse health throughout the lifecourse, which is itself shorter for lower social groups. The system's power has more serious consequences for some than others.

3.3 *Sociology of Class and Food after Marx*

'How and why have sociologists, in general, found it less useful to use the concept of class at the very same time that economic polarization has reached unparalleled depths?' (Savage 2000:70).

In his book *Class Analysis and Social Transformation*, Savage tries to answer this vexed question, first tracing the linked history of social class and the social sciences, and sociology in particular, in Britain. Tracking and measuring social class after 1945 gave sociology both intellectual credibility and legitimacy, and supported social policy's emphasis on 'political arithmetic' (Savage 2000:5,6).

Marx's influence had extended beyond the collapse of communist regimes around 1990, but the tradition of Marxist class analysis, rooted in the exploitation inherent in industrial production, as well as class consciousness and the anticipated culmination of class conflict in revolution, had weakened by the late 20th century (ibid:9,43,58). Class distinctions became less easy to observe; 'class relations as generative mechanisms simply do not straightforwardly express themselves in social worlds which are complex, dynamic and open systems', Savage writes, though this can be overstated. Food consumption patterns based on distinct products aimed at different social groups are one example of a 'straightforward' expression of class relations, as a later discussion will show. Certainly, for Scambler and Higgs, class relations are no less real even if they are sometimes less visible than they once were (2001a:3).

Nevertheless, the Marxist historian Hobsbawm traces the ebb of Marxism and class identities in the developed world from the 1950s, when manual labourers were no longer at the heart of labour movements (Hobsbawm [1979]2011:361). The standard of living was rising even for working classes, and 'the massive concentration of commercial publicity and the media on the desires (real or induced) of the consumer

as individual or household, [with] the consequent privatisation of working-class life' weakened working class identities (ibid). So did post-secondary education, which reached more working class people (ibid).

Bourdieu saw in the retreat from class analysis 'the expression of the class interests of a group of relatively powerfully placed professional intelligentsia' (Bourdieu 1988 cited in Skeggs 2004:54). He rejected criticisms of a more 'rigorous' sociology which some had described as 'doomed to appear deterministic and pessimistic because it takes account of structures and their effects' (Bourdieu 2003:36).²³ Bourdieu felt that sociology needed to resist the 'de-politicisation' of the study of economic and social policy. Sociology needed to stay alert to the state's relaxation of attempts to control economic forces and retreat from regulatory responsibilities (ibid:38). In this context, 'our aim must be to *restore politics*' (ibid, author's italics). Savage also critiqued an increasing abstraction within sociology, and the view that social change is 'beyond anyone's direct purview or control' (Savage 2000:151). This, he argues, simply releases academics from the moral dimensions of their research (ibid:ix).

Nor is the critique of industrialised food new; 'over-processed foods treated with chemicals' were critiqued by McKee in 1988, as were advertising and marketing of unhealthy foods by a range of authors between 1978 and 1990 (all cited by Lupton 2003:10). As these analyses see it, 'capitalism produces health needs which are treated in such a way as to obscure their origins' (Lupton 2003:10). But while medical sociology and some sociologists of food continue to address connections between class, capital and health, the discourse of individual responsibility for dietary intake and health remains dominant.

By 2008, Crompton reported a resurgence of class analysis in sociology generally, although she regretted the resulting 'fragmentation' of class studies. Studies of cultural aspects of class formation have usefully redressed an economistic focus (Crompton 2008b:93). But an interest in culture has been for some an alternative to class analysis.

Savage acknowledges the problems inherent in contemporary efforts to trace the salience of class, but hopes that broadening class analysis from the long-established

²³ This book was published posthumously; Bourdieu died in 2002.

occupational connection might reinvigorate it (Savage 2000:8). He has analysed the structuring categories of 'property, organisation and culture' and the processes by which they relate to class formation' (ibid:20). More recently, he and colleagues reconstructed Bourdieu's research on class and culture in Britain (Bennett et al. 2009). Most centrally for this thesis, he and colleagues considered 'place' in the context of geodemographic and social sorting by neighbourhood (see Chapter 6).

While theories of individualism, social mobility and reflexivity attempted to displace class analysis, class itself is 'simultaneously being institutionalized and reproduced' (Skeggs 2004:53). Even the process of individualisation involves both 'differentiation from others and differential access to resources' (ibid:53). But rather than concentrate sociological energies on mapping class structures, Savage urges us to 'see class cultures as contingently embodying forms of individualized identities which operate relationally' (Savage 2000:150). This individualizing process has led to the paradox that 'the structural importance of class to people's lives appears not to be recognised by people themselves' but it has not, he insists, obliterated the salience of class itself (ibid:xii).

Alongside research interest in the rise of consumption and culture, other concepts such as 'disorganised capitalism, post-Fordism and post-industrialism' all assumed the waning of social class (Savage 2000:6). State benefits and returns on capital investment (mostly via pension schemes) are now widely received,²⁴ in addition to capital increases for homeowners resulting from increases in house prices (Savage 2000:44). Self employment has also increased markedly since the 1980s (ibid:48), weakening the labour-capital-exploitation dynamic. All these factors have influenced perceptions of social class and the way society is segmented into classes for analytical purposes. Nevertheless, most people earn their income via their labour, and if shareholding has expanded, it has also increased economic inequality (ibid:51). But inequality is apparent in gradations rather than between distinct social groups with uniform interests, so where would one draw class boundaries (ibid:44)?

²⁴ Though pension schemes have weakened and no longer provide the guaranteed level of income they once did. The coalition government also aims to reduce some state benefits.

3.3.1 *How official statistics draw class lines*

Researchers grappled with this question in redrawing the categorisations of official national statistics, following long held reservations among social scientists about the previous Registrar General's system of five hierarchical/occupational rankings (professional, intermediate, skilled manual and non-manual, partly skilled, and unskilled) (Crompton 2008b:53). This ranking left out the long-term unemployed, retired, disabled, and those not working for other reasons – who, collectively, constitute most of the population (Graham 2007:53). The underlying criticism was that the RG scheme was poorly conceived, even atheoretical. The new system, the Official National Statistics Socio-Economic Classification (ONS-SEC) addressed these concerns and viewed occupation in the context of employment relations (whether one is supervisor, supervised or self-employed, for example) and size of employment organisation (Crompton 2008b:64). This system attempts to be non-hierarchical, with three different sets of classes (eight, five or three), though the latter (managerial/professional, intermediate, routine/manual) does not escape this characterisation (Graham 2007:55). For Rose and Pevalin, who wrote the 2003 Researcher's Guide to the National Statistics Socio-Economic Classification, occupation combined with employment status is a 'reasonable indicator of overall social position...because the life chances of individuals and families depend mainly on their position in the social division of labour and on the material and symbolic advantages they derive from it' (cited in Graham 2007:52).

There are criticisms that the new scheme still gives an incomplete portrayal of societal inequalities, makes unexplained assumptions about culture and norms, and its class divisions are somewhat arbitrary (Crompton 2008b:68). For all social groups, 'socio-economic indicators serve as markers for a concept which they partially, but never wholly, represent', focusing as they do on associations between measures (Graham 2007:62). Whichever indicators are chosen, they may only reveal symptoms of an underlying factor which may 'not only be unmeasured but [also] as yet, unknown' (ibid:62). It is just such a low-lying factor – the understanding of our social worlds by the food industry and its marketing arm, and its role in influencing food consumption by social group – that I highlight in this thesis.

Despite the drawbacks of the ONS-SEC, it has been useful in both measuring and predicting health outcomes and in operationalising class inequality (Crompton 2008b:67; 2008a:1221). However, it does not distinguish ‘substantial holders of wealth or capital’, or the link between wealth and occupation (Crompton 2008b:68,70), reducing the potential for insight into the lives of elite members and classes. But Savage and Williams (2008) find potential in the new classification system for exploring small groupings, including elites.²⁵

In this thesis, official statistics are cited in assessing food consumption patterns and health outcomes. As Graham concludes, when researching social influences on health, we must work with ‘a range of imperfect measures, trying to remain alert to their limitations while seeking to exploit their strengths’ (Graham 2007:61); no classification system will ever meet every need.

But we can deepen our understanding of the power of social class in shaping social life by examining theories of human action; this takes us beyond the quantitative portrayal of class as supplied by statistical studies. The absence of theoretical grounding (beyond surface level theories) has left structural factors unaddressed and has arguably weakened public health discourse and policy.

3.3.2 *Inequality, class and capitalism*

Returning to Savage’s paradox regarding inequality and class, Scott notes that health inequalities are not merely economic in nature; they are ‘socially structured differences in life chances’ (Scott 2000 cited in Webster 2007:86). For Webster, ‘access to material resources through social networks remains central to people’s life chances’ both in terms of status and health (2007:87).

Habermas saw no paradox in the receding of class identities and analysis in late modern capitalism. It is a process with a long history, as primitive societies characterised by age and sex roles and a system based on kinship became traditional ones, characterised by a system based on class domination. Ultimately, a liberal-capitalist society emerged, characterised by the relationship between wage labour and

²⁵ The highest occupational class can be subdivided into “employers in large organisations”, ‘higher managerial occupations’ and ‘higher professional occupations’ (Savage and Williams 2008:6).

capital (Habermas [1973] 1996:241-243). In liberal capitalism, the growth of commerce leads ultimately to 'civil society', with its 'depoliticization of the class relationship, and...anonymization of class domination' (ibid). In these circumstances, 'the theory of class consciousness loses its empirical reference' (Habermas [1981]1996:292).

The economic polarization Savage decries has taken place in the latter stages of liberal-capitalism, with the development of the welfare state, and is, for Habermas, the logical outcome of liberal-capitalist society (Habermas [1973]1996:243). The welfare state addressed the most egregious sufferings experienced by the lowest social classes, with sufficient redistribution of resources to see off any serious social upheaval.²⁶ The benefits of some measures, including free education and healthcare, extended far beyond the lowest social classes. Yet underlying structural inequalities have never been effectively addressed (Habermas [1981]1996:287). Previously existing class conflicts have become institutionalised in the mass democracy of the welfare state, and class differentiation has developed along the lines of 'functional position, income and way of life' (Outhwaite 1996:270). In earlier decades, collective bargaining arguably further pacified class conflict (Habermas [1981]1996:287). The potential for social protests has not been completely removed with the institutionalisation of class conflict (ibid:323); the financial crisis of recent years has caused some instability in the context of a widening gap between the highest and lowest paid. The UK has seen the fastest growth in income inequality of any OECD country since 1975 (OECD December 2011:1). The organisation recommends greater redistribution of income in the UK, with investment in public services and income support for the lowest paid (OECD December 2011:2). But despite recent protests, the welfare state has been a relatively stable container for discontent.²⁷

This might be Habermas's answer to Savage's paradox. Although he does not address diet specifically, Habermas's theory of human action and communication, and his notion of the colonisation of the lifeworld, has much to offer our understanding of

²⁶ As this redistribution has been threatened, Greece has experienced instability, and this may spread to other countries.

²⁷ Of course there have been less stable periods in the 1970s and 1980s, and recent protests and strikes. When people's livelihoods are threatened, there is potential for instability. What is surprising, perhaps, is that governmental legitimacy is not more seriously threatened from time to time than it is (Scambler 2002:72).

patterns of food consumption, and their consequences for health. His ideas are analysed in detail later in this chapter.

3.3.3 *Gender and ethnicity versus social class*

Savage speculates that the disconnect between economic inequality and social class is also linked to the growing interest in other processes affecting inequality, such as gender and ethnicity. The path of class analysis in the academy and the competing concepts that arose to challenge it are worth tracing here.

Scambler, a medical sociologist, takes issue with the notion of gender and ethnicity studies as competitors with social class analysis, particularly in the context of health. Gender and ethnicity, once the objects of some very bad science (Oakley 2000:96; Bhopal 1997:168), then almost a replacement for class in academic research, are clearly powerful influences on health. But while race and ethnicity are factors which must be addressed in tackling health and healthcare inequalities, 'socio-economic differences should be considered as an explanation of differences in health between ethnic groups' (Bhopal 1997:177). Epidemiologists Marmot and Mustard found that levels of economic development over time of 'cultural groups' in the societies to which they had migrated was the decisive factor in their health, certainly in terms of mortality (1994:208). They detect 'a dynamic and evolving relationship with class status' even for individual risk factors. The 1998 Acheson report into health inequalities concluded that 'within minority groups, there is a clear association between material advantage and poor health' (cited in Scambler 2002:107). For Scambler, class is the 'core' property of 'disorganised capitalism of relevance to health'; since the genesis of capitalism in the 16th century, 'its class relations have always been gendered (just as they have always been racialized)' (Scambler 2002:117).

One illustration of this arises in the relationship between gender, age-group, obesity and health, in which a social gradient is apparent for women, children and adolescents, but not men, for whom class is not a predictor of obesity. However, lower status men who are obese have worse health and shorter lives than higher status men who are obese. Moderate obesity is not associated with worse health for men unless they are

in lower status groups.²⁸ This seems to sharpen the case for examining gender differences in the class-obesity-ill health context. If bodyweight trends among boys do not change, a social gradient among men may be observable in future.

Skeggs notes that the return to class research since the 1990s has been most marked in feminist and queer theories, along with geography, media studies, history and to some degree sociology (Skeggs 2004:47). These different approaches are thus not mutually exclusive; integrating class with other research interests can bear fruit.

Perhaps a more damaging divide has taken place between empirical and theoretical researchers within sociology, described as a ‘huge gulf’, with the former finding continuity in the ‘class character of culture’ while the latter, by and large, do not (Milner 1999 cited in Skeggs 2004:53). The cultural turn prompted a major shift in approaches to class analysis.

3.3.4 *The cultural turn*

In the 1990s, Warde challenged sociological research which rejected materialist/political economy critiques and embraced the notion of culture in studying consumption. For such researchers, ‘signs, discourses and mental constructs’ (Warde 1997:1) were the path to understanding social action in this domain; the role of prices and incomes became almost ignored after the materialist trend in sociology in the 1960s and 1970s (ibid:97).

Culture encompasses ‘both the meanings and the values which arise amongst distinctive social groups and classes, as well as the lived traditions and practices which these meanings are expressed and in which they are embodied’ (Hall 1981 cited in Crompton 2008b:44). This resonates with Bourdieu’s observation that class and status are connected via ‘the role that different class-based principles of taste play in organizing the cultural values and practices through which classes organize, symbolize and enact their differences from one another’ (cited in Bennett 2010:xx). Such a concept of culture can co-exist alongside observations of structural influences on cultural meanings, values, traditions and practices.

²⁸ This matter is discussed in detail in the following chapter.

But this was not the only approach to interpreting the role of culture in social life. The cultural turn in social science was also an outgrowth of postmodernism, seeing individualism where there had been collectivism, and cultural factors as more appropriate for analysing society than economic ones (Crompton 2008b:13). Cultural consumption generating 'symbols, discourse and difference' was viewed as a defining force of postmodern society, with class now overtaken by the consumer society (Pahl 1989, Beck 1992, Clark et al. 1993 and Pakulski and Waters 1996, all cited in Savage 2000:viii).

Consumption, together with increasingly available credit, was seen to have made social status a matter of fluidity, as the constraints of hierarchy and tradition receded (Pakulski and Waters 1996 cited in Webster 2007:85). The ways in which consumer goods were themselves stratified and marketed by social group – categories in which status has always been a dominant factor – seem not to have been noted; nor was the substitution of credit for a rise in wages in real terms. Yet consumer marketing was, by the 1990s, building ever more refined techniques for segmenting society into distinct, status-based consumption groups.

Crompton disagreed that culture and consumption constituted an epochal shift, finding neoliberalism and an intensified capitalism sufficient to explain social change (Crompton 2008b:83). In any case, the postmodern cultural turn has had its costs, as consumption was split off from its socio-economic and political context, and its role in identity formation became central (Edwards 2000:27). Early theorists of consumption²⁹ had questioned its consequences; Marxist analysis focused on the alienation resulting from consumption as both exploitative and a mere 'palliative' for hard work (ibid:17). By contrast, postmodern interest in 'the symbolic aspects of consumption...diverts attention from issues of the material resources required for survival' (Warde 1997:175) and from the connections between consumption and social class (Edwards 2000:129). Yet consumption is connected to 'economic systems of provision and production and is central to the shaping and reproduction of social practices and social divisions' (ibid:29). Those divisions are *not* merely stylistic; they have structural origins which should be uncovered (ibid:30).

²⁹ For example, Veblen, Simmel and the Frankfurt School (cited by Edwards 2000:27).

A related cost of the cultural turn is the resistance among theorists of social class to studying consumption. Edwards finds that 'class and consumption act precisely in conjunction with one another to maintain individual and group identities' (Edwards 2000:130). Consumer marketers track and understand this very well, and this interaction between class, consumption, and marketing is a key observation of the present research.

Tomlinson's (2003) study of data from the 1985 and 1992 health and lifestyles survey found that 'contrary to many current theories of consumption and lifestyle...traditional notions such as social class and gender are still highly relevant to a discussion of lifestyle and consumer behaviour and may even be better determinants' (Tomlinson 2003:97). He notes a tendency for people to imitate health behaviours witnessed in their environment in ways which show a clustering along social class lines (ibid:97,109).

Moreover, the cultural factors inherent in food consumption are not distinct from the purchasing power of different social groups. A kind of 'reflexive' relationship exists between them, in that industry is increasingly adept at studying and then using an understanding of cultural trends to promote new forms of well targeted consumption. Innovations in agricultural, financing, transport, processing, packaging, retailing, advertising and marketing technologies and styles also interact with socio-cultural factors and trends. In the context of marketing, culture has become a 'plundered' resource (Skeggs 2004:153).

3.3.5 *The social mobility debate*

Skeggs highlights the role of academics in retreating from class studies and setting research agendas which excluded it. In search of alternatives to class analysis, 'academics *who could* looked for something else as the site of social change, usually themselves, via theories that could explain *their* mobility and *their* social networks' (Skeggs 2004:47; author's italics). In doing so, they described what happened to 'a privileged few' and then applied this more widely (ibid). She scorns this attempt to 'locate themselves at the centre of the universe, secure their position and then represent others at a distance' (ibid:48).

For Skeggs, it is not mobility which counts, it is control: who has the power to move or remain fixed, to connect with others, or even to withdraw (Skeggs 2004:50)? In order to exert such control, one needs access 'to resources and resourcefulness' (ibid:51). One way of observing the degree of control individuals have is to look at where they live. Thus 'a geography of placement becomes a way of speaking class indirectly' (ibid:50). Chapter 6, describing the power of geodemographics for both retail and healthcare planning, provides some evidence for Skeggs's concern. She references the fixed locations of the working class, who are thus rendered both 'identifiable and governable' (ibid). In fact, all social groups are targeted as consumers of geographically placed goods and services via a range of market research techniques, though with varying degrees of information and type and quality of product or service.

I have mentioned the work of Giddens, Bourdieu and Habermas in passing; I will now discuss their ideas in more detail. Although Giddens's thinking on reflexivity is the most problematic in the context of diet, health and class, he was influential in shaping political thinking in the 1990s, so his analysis of health 'behaviours' merits examination here.

3.4 *How reflective is reflexivity? A review of Giddens*

Giddens was a prominent figure not only in British sociology but also government policy circles by the 1990s, influencing New Labour rhetoric and policies with his 'Third Way' programme, and eventually taking his seat in the House of Lords (Reyes 2005:237-245). In this section I apply his work to the development of healthy eating discourse, with its notions of individual responsibility for health.

While Giddens gave much early attention to class analysis in ways which are still instructive, class was already in retreat in the 1980s as a sociological subject of enquiry. Initially, he was interested in returning class to its central role in sociology, but his focus gradually shifted to the philosophy of human action and to what he believed was the reflexive nature of such action. Yet he continued periodically to refer to the collective behaviours of social groups in a class context; Savage sees class appearing in Giddens's work in 'hidden and indirect ways' (Savage 2000:8). Certainly his writings

indicate contradictions regarding freedom of action for individuals from different social groups which he never fully resolved.

In an early essay, Giddens acknowledged the 'terminological ambiguity and conceptual confusion' inherent in the term 'class' (Giddens 1982:157) and identified a 'blank spot' in the transition from 'economic classes' to 'social classes' (ibid). But this did not prevent the continuing appropriateness of the term class. Capitalism had generated a 'class society' more emphatically than any previous era or system, given the central role of labour as a commodity, and therefore the labour contract, the inherently exploitative nature of the production process in capitalism, and the connection between production and consumption in the context of labour and capital (Giddens 1982:169-170). All of these processes influence and shape the real lives of individuals.

Still, he cautioned against using the term in the context of market-generated interests or divisions: 'while there may be an indefinite multiplicity of cross-cutting interests created by differential market capacities, there are only, in any given society, a limited number of classes' (Giddens 1982:158). There is a parallel here with Marx's admission of the difficulty of demarcating classes: 'middle and intermediate strata' proliferate around the three main social groups he identified: labourers, owners of capital and landlords (Marx [1867] 1997:247). And what of the 'infinite fragmentation of interest and rank into which the division of social labour splits labourers as well as capitalists and landlords' (ibid:248)?

Some thirty years after the Giddens work cited above, the dozens of consumer group profiles produced by market research firms are just such a distillation of Giddens's 'indefinite multiplicity' or Marx's 'infinite fragmentation' of social groupings – and they are *not*, admittedly, 'classes'. These groupings instead make a very utilitarian accommodation with the difficulties of stratification and, for their corporate and public sector clients, usefully construct some order out of a society apparently in flux.

For Giddens, income and occupation are important elements in identifying and measuring social groups in national statistics, but one cannot demarcate 'classes' per se in this quantitatively tidy way. Giddens instead finds 'local' mechanisms, such as the potential for social mobility, which link market dynamics with the shaping of class

relationships (Giddens 1982:159). The more rigid the limitations upon mobility, the more likely it is that identifiable classes are formed in a process which reproduces itself over time (ibid). Thus individuals in succeeding generations will tend to get similar types of work which yield similar material outcomes (ibid). This would traditionally stem from differing market capacities in terms of ownership of means of production, educational qualifications or manual labour skills, in what might be termed 'mobility closure' (ibid).

But such definitive closure never truly exists in capitalism, and Giddens finds a degree of mobility in society as it develops. Yet more recent empirical research shows that those born to unskilled parents are most likely to enter unskilled work themselves, the corollary being true for children of professional parents (Breen and Rottman 1995, Breen 2004, both cited in Graham 2007:123; Clegg 2010). Additionally, a 2009 report found social elites were reproducing themselves with surprisingly little change, given the narrative of class mobility in recent decades (Cabinet Office 2009). The report concluded that powerful, embedded – indeed, structural – constraints are in fact limiting social mobility. The experience of social class is also reflected in the British Social Attitudes survey of 2011, in which both class status and subsequent advantages of private education are 'robust and substantial', with a tendency for private education to demonstrate generational continuity (National Centre for Social Research 2011:41-42). The May 2012 report by the government's independent reviewer on social mobility found that significant barriers remained: 'There is no one profession that can say it has cracked the fair access problem. Indeed, almost no profession has a clear plan for doing so' (Milburn 2012:7).

3.4.1 *Giddens on class and consumption*

Alongside the structuring of classes within the domain of production, Giddens believed that consumption patterns also influenced what he called class structuration (1982:159). Structuration theory aimed to bring together the poles of agency and structure, and emphasise the interaction between the two. Structure is reproduced and gradually modified by individual actions taken in the context of a given structure, which constrains, and yet is changed by the collective actions of individuals. So for

Giddens, structures are flexible, providing resources upon which actors draw (Shilling 2003:174).

But for critical realists, agents find themselves in a pre-existing structure, which they ‘recreate, reproduce and/or transform’ (Bhaskar 1987 cited in Scambler and Scambler in press:2). Agent and structure do not simply interact, changing each other; the process will often entail reproduction of existing circumstances, with transformation of reality a potentiality, but no more than that (Scambler and Scambler in press:5). In the context of food consumption, the potential for transforming one’s diet for the better is limited when resources are few and/or exposure to and identification with the discourse of healthy eating – and reflexive interaction with it – is limited. New technology in agriculture, production, distribution and packaging may present consumers with new food items, but these tend to be developed and marketed according to existing tastes and patterns of consumption (see Chapter 6).

Distinguishable status groups can emerge on the basis of socially differentiated consumption, an insight fundamental to consumer marketing. The most notable groupings that emerge in the sphere of consumption ‘are those formed through the tendency towards community or neighbourhood segregation’ (Giddens 1982:161); here he anticipates geodemographic tracking of exactly this phenomenon (see Chapter 6). His observation also recalls Skeggs’s concerns with the geography of class: fixed in space, hence more governable.

However, he also noted the impact on lifestyles of the spatial disconnectedness of modern life, as people move through their day in different locations (home, school, work, and the spaces which connect them). These locations will have an underlying unity for a particular class or group, and will shape lifestyle options (Giddens 1991:83); there will certainly be implications for the character of the food supply.

Groups of people inhabiting the social realities of their neighbourhood are likely to have distinct styles of life, behaviours, and attitudes (Giddens 1982:162). Where status groups coincide with concepts of class, ‘the tendency to class structuration may receive a considerable impetus’ (ibid:163). This is a phenomenon which has served consumer firms well as they target consumers spatially, reinforcing the identification

with place and social class; it is difficult to see how individual actions or choices can be seen as free of class influences in such an analysis.

3.4.2 *Giddens, diet and lifestyle*

Although not concerned with questions of diet and health in any detail, Giddens discusses them periodically. He writes, for example, that in the context of modernity, ‘the question “How shall I live?” has to be answered in day-to-day decisions about how to behave... and what to eat’ (Giddens 1991:14). Yet studies of the psychology of eating (in Chapter 6) show that the process of ‘deciding’ what to eat can be deeply unconscious, with any ‘choice’ emerging from what Bourdieu describes as our habitus. This is what behavioural economics and psychology, via ‘nudge’ theory, have come to accept.

Ultimately, Giddens did not acknowledge the unconscious quality of what he considered reflexive ‘lifestyle’ choices; instead he cites Freud’s diagnosis of the ‘compulsiveness of modernity’, with compulsion substituting for tradition and remaining distinct from the unconscious (Giddens 1994:68). Habermas speaks of the colonisation of the lifeworld by such externally introduced compulsions. This is illustrated by the extremes of food consumption in an obesogenic foodscape: compulsive eating can lead to obesity or bulimia, disorders which have emerged as food-related pathologies in late modernity. For Giddens, such ‘ingestive addictions’ are both social and psychological phenomena illustrating the disintegration of tradition in society (Giddens 1994:71), a conclusion with Habermasian overtones.

The term ‘lifestyle’ is associated with, among other things, dietary choice, alongside connotations of individual responsibility for such choices. I argue in this thesis that the term masks structural constraints on choice. For Giddens, as society becomes de-traditionalised with the advance of modernity, the notion of lifestyle becomes predominant (Giddens 1991:5). Lifestyle choices then take the place of constraints imposed by class in formulating action (Atkinson 2007:536, analysing Giddens). But how can lifestyle choices be made without emerging from within an already existing lifestyle (Atkinson 2007:542)? For Bourdieu, ‘lifestyle choices’ are shaped by one’s habitus. By this reckoning, such choices are not as free as Giddens implies in his

‘tokenistic attempts to pull lifestyle into the definition of class and stratification’ (Atkinson 2007:542).

The language of ‘lifestyle’ can slip into discussions about diet and health all too easily; it is a central plank in the individual responsibility/choice discourse where health is concerned. Warde warns that the displacement of class by lifestyle as a determinant of social identity is misleading (Warde 1997:7), although he accepts the usefulness of a definition of lifestyles as ‘the property of social collectivities whose boundaries are marked by shared patterns of consumption’ (ibid:122). But he challenges the notion that consumption has become individualised, that lifestyle is a matter of choice, and that personal taste and an aesthetics of everyday life have overtaken the usefulness of class or social rank in social science.

Giddens acknowledges that the term ‘lifestyle’ is problematic because of its association with affluence (Giddens 1991:5). In late modernity, ‘access to means of self-actualisation becomes itself one of the dominant focuses of class division and the distribution of inequalities more generally’ (ibid:228). But he does not concede the role of this limited access in preventing self-actualisation. Instead, there is a link between life chances and lifestyle via work and the varying material opportunities it provides (ibid:82). The only way to ensure access to this world of opportunity – and a better lifestyle – is ‘emancipation from situations of oppression [as] the necessary means of expanding the scope of some sorts of lifestyle option’ (ibid:86). Emancipation would enable an individual to make free and independent choices, and attaining freedom would require responsible action from individuals aware of their larger obligations to the collective (ibid:213). But how is this emancipation to come about? The very restrictions of some ‘lifestyles’ would seem to preclude the possibility of self-emancipation. Skeggs finds his concept of the self ‘neutral...[and] detached from structure...Giddens relies completely on everybody having equal access to the resources by which the self can be known, assessed and narrated’ (Skeggs 2004:53).

Giddens grants that access to health and lifestyles expertise may be limited: only those who have ‘the time, resources and talent to grasp’ expert advice can absorb it (Giddens 1994:85). Leaving aside the linking of ‘talent’ with those who have time and

resources, there must be a class/social background/status element here: some social groups are more likely to be targeted effectively by messages regarding health and diet and better able to implement the advice and benefit from it. This differential access, receptiveness and benefit was not acknowledged in the 'social exclusion' discourse which arose during New Labour, replacing the terminology of underclass or 'culture of poverty' (Skeggs 2004:47). Indeed, it became a mechanism for avoidance of acknowledging class itself (ibid:54).

But Giddens thought that those living in poverty might be *more* susceptible to the disintegration of traditional practices than others, making lifestyle choices more fundamental to such individuals. They become 'virtually obliged to explore novel modes of activity' (Giddens 1991:86). But all choices 'refract upon pre-existing power relations' (Giddens 1994:76), he admits.

Giddens's understanding of lifestyle is connected to the idea of habit, which is shaped 'within relatively set channels' (Giddens 1991:80). This line of thinking could allow a crucial distinction to be made in public discourse about diet, in which people are urged to make healthy choices or criticised for not doing so. As Giddens hints, choice is circumscribed by the force of habit and the limitations of individual lives. Nevertheless, he concludes that the lifestyle we end up having is an 'integrated set of practices' chosen by individuals, forming individual identities (ibid:81).

Just such a concept of an 'integrated set of practices' typifying social groups, derived from detailed market research, is the basis for consumer marketing; my argument is with the assumption that these practices are all freely chosen. The discourses of free choice and individualism are indissolubly linked, and constitute the basis of consumerism itself (Cronin 2000 cited in Skeggs 2004:56). Marketing profiles describe the types of work, housing, educational background, family, entertainment, health and diet (for example) that characterise various groups, making it easier to classify consumers and predict their purchasing patterns, and where they are most likely to shop.

For Giddens, lifestyles are a feature of modernity. In contrast, traditional cultures are handed down and received more or less unquestioningly, precluding any real role for

choice. Yet lifestyles, too, can become routinised, including our eating habits (Giddens 1991:81). But Giddens veers away from the unconscious dimensions of routine and habit: 'the routines followed are reflexively open to change in the light of the mobile nature of self-identity. Each of the small decisions a person makes every day...[including] what to eat...contributes to such routines' (ibid).

The order resulting from routines gives us a sense of ontological security, for which we have a psychological need (Giddens 1994:101). So strong is this need that we are powerfully drawn to creating and sustaining routines; thus there is something deterministic, *not* free, and *not* reflexive, about our near-compulsion to institute routines, as Giddens describes it (Atkinson 2007:544). Our habits cannot be 'wholly optional'; they are 'effectively beyond question' and circumscribed by power relations (Giddens 1994:75-76). Yet they are also 'reflexively open to change in the light of the mobile nature of self-identity'; and it is this self-identity we are consciously constructing as we make our daily choices (Giddens 1991:81). How can both be true? There is one partial way: perhaps conscious reflexivity in the context of diet becomes possible (or even compulsive) for some individuals because of their habitus, social rank and lifeworld, but not for others; or such reflexivity may take place in different areas of their lives and consciousness.

Giddens acknowledges that different types of lifestyles do not merely *emerge* from social stratification, they *reinforce* it (Giddens 1991:82). Individuals form habits, and this gradually becomes a collective process; habits are shaped by forces of commodification in a classic case of institutional reflexivity (Giddens 1994:101). To apply this to consumption, trendsetting individuals might start to buy something in a habitual, routine manner and locale; similar individuals are then targeted with a similar product in similar locales; the habit extends and the product is anchored in the lives of a certain type or group; and their lives are in turn anchored by the repeated purchase and use of the product.

Lifestyles are also formed by socio-economic circumstances and pressures to conform (Giddens 1991:82). Giddens assumes that those who have unhealthy diets have decided to ignore research indicating the reduced health risk of diets featuring fruit

and vegetables, for example; instead, they choose to eat an excess of fatty, sugary foods, as previous generations of their families might have done (ibid). For Giddens, this still constitutes a lifestyle (ibid:83). They might only be convinced or forced to change their choices when faced with changes in manufacturing or design, which are non-negotiable (Giddens 1994:101).

The appearance of new products, marketed according to an understanding of existing tastes, budgets, etc., leads many people to absorb these products into their diets. Some groups are alert to nutritional information and products geared to healthy eating – but not everyone. Differing degrees of reflexivity and receptivity are at work. Yet Giddens is not able to explain ‘behavioural (and thus lifestyle) variations between individuals and groups in a way that would be consonant with his comments on social differentiation’ (Atkinson 2007:544).

3.4.3 *The reflexive body*

For Giddens, reflexivity is practiced in a bodily sense: we consciously observe the body’s processes, and the influences upon it within the environment. He cites another way of putting this: ‘Body awareness also includes awareness of requirements of exercise and diet...at many junctures of the day we take decisions about whether or not to eat and drink, and exactly what to eat and drink’ (Rainwater 1989 cited in Giddens 1991:77).

For Giddens, we become ‘responsible for the design of our own bodies’ via the adoption of body regimes (Giddens 1991:102). There is also ever-refreshed guidance on matters of health, as we engage in ‘reflexive appropriation of bodily processes’ (ibid:218). Modern bodies are far from ‘docile’, then, to use Foucault’s term (ibid). Giddens views this bodily reflexivity as emancipating, despite the pathological preoccupation with body shape and appearance among those with eating disorders; he also describes the body as being ‘invaded’ by the ‘abstract systems’ of a post-traditional world (ibid) in language which recalls Habermas’s colonisation of the lifeworld.

But Giddens does question notions of bodily awareness: 'Are they in some sense ideological? Are they more to do with therapy than with any changes which might have affected the self in modern social conditions?' (Giddens 1991:80). He admits there are weaknesses in these concepts, but believes they 'signal something real' in late modernity (ibid).

Human bodies are both 'the medium and outcome of human (reproductive) labour' for Giddens (Shilling 2003:174). But in the context of structuration theory, it remains unclear 'how we go about ascertaining the conditions under which bodies constrain and enable action' (ibid:174-175). Giddens seems to alternate between voluntaristic and deterministic versions of the body (ibid:175), reflecting his dichotomous views of human action in general.

3.4.4 *A disembedding modernity*

Giddens admits that 'disembedding mechanisms' intrude into our experience of life. In the domain of diet, there are 'foodstuffs purchased with artificial ingredients [which] may have toxic characteristics absent from more traditional foods' (Giddens 1991:20). Even well intentioned dietary advice from experts can be 'disembedding' in that it is 'non-local' and 'impersonal', (Giddens 1994:84-85); this may be why some people reject it. Expert advice can also be overwhelmed by marketing campaigns promoting certain foods as healthy, when this is not necessarily the case (Herrick 2009). Nevertheless, for Giddens, these kinds of challenge inherent in modernity simply prompt 'chronic revision' in our understanding of life and our identity (Giddens 1991:20).

3.4.5 *Giddens's prescription*

So how are we to emancipate ourselves and acquire the freedom to choose wisely? Giddens finds some value in both Rawls's theory of justice, in which justice is the 'organising ambition' of emancipation but human behaviour is left unaddressed, and Habermas's theory of communicative action (Giddens 1991:213 and 1995:256), in which society aspires to operate on the basis of clear, open communication among individuals and between system and lifeworld. Ultimately Giddens finds this

inadequate for explaining how society actually reproduces itself. Instead, he looks to autonomy – freedom balanced by responsibility to the collective – as the ‘mobilising principle of behaviour’ (1991:213).

But by 2007, in a book for non-academic audiences, Giddens was urging quite radical measures. Beyond improved food labelling, which he supports, he also suggests that restrictions on advertising, along with health warnings on some food products, are required to address the ‘severe health implications’ of current dietary habits (Giddens 2007:100). Even ‘quite draconian action’ against calorie-dense foods would be justifiable (ibid:128). Yet he also recommends behavioural ‘remedies’ in addition to economic ones in order to address negative lifestyle patterns (ibid:114). Measures to address ‘the failure to take exercise’ are also envisaged (ibid:128).

Giddens’s approach to inequality is interventionist in key areas, including health, in an approach he terms ‘positive welfare’ (Giddens 2007:122). This would be defined ‘in terms of personal autonomy and self-esteem’; by cultivating these attributes, people would be better able to ‘adapt to change and to make the most of their opportunities’ (Giddens 2007:122-123). Lifestyle change should become the core objective of the welfare state, using both incentives and sanctions (Giddens 2007:131).

But Giddens acknowledges that a lack of capability can prevent some people from improving their circumstances (Giddens 2007:123). His use of the term ‘capability’ does not envision structural influences, though he does speak of the need ‘to invest in people’s capabilities’, citing low self-esteem as a block to capability (ibid:131).³⁰

Giddens also urges the acceptance of ‘greater responsibility for one’s own health [as] a fundamental part of active citizenship’ (ibid:132) without acknowledging the obstacles to such goals for many people.

A concluding reference to class in this 2007 book notes that the growing use of complementary healthcare was an encouraging sign that more people *are* taking personal responsibility for their health. But, Giddens laments, this phenomenon ‘is heavily class-based, with poorer people making much less use of such treatments – at

³⁰ Giddens’ writings on capability and ‘positive welfare’ lacks the philosophical depth and normative underpinnings of Sen’s capability approach where health is concerned (Sen 2006 and 2010).

the same time as they follow less healthy lifestyles' (Giddens 2007:132). The term 'follow' seems to indicate an elective character. His earlier references to the limits of reflexivity, and the shaping of choice by structural forces including power relations, personal circumstance and locale, recede in these closing remarks on class.

Emancipation is only available through fresh lifestyle choices (Atkinson 2007:540).

Giddens has been criticised for imposing observations of middle class experience on other social groups in ways that powerfully situated his ideas in neoliberal politics (ibid:536). For Skeggs, reflexivity itself is a mode of living characteristic of middle classes, precisely because of the resources and privileges available to inform their lives and inspire and support life changes (Skeggs 2004 cited in Atkinson 2007:536,545). She describes 'the middle class imperative to produce oneself as a choosing, self-managing individual' (Skeggs 2004:57). Giddens had once acknowledged this himself, when he critiqued consumption theorists who saw class distinctions disappearing; new flows of information, he insisted, would be differently interpreted by different groups and this would reinforce 'patterns of social differentiation' (Giddens 1981 cited in Atkinson 2007:543). As Atkinson advises, only empirical research can really confirm this. Such data is available as evidence for the relationship between diet, health and class and is evaluated in the following chapter. Food marketing research also discerns subgroups which practice what Giddens might term reflexive eating habits driven by health concerns.

Whimster criticises Giddens for taking action theory and mixing it with ethnomethodology, with the result that 'Brit (sic) sociology ended up with the inward-looking idea of reflexivity. That version of action theory is unable to depict sociological determination and de-mystify the exercise of power' (Whimster 2011:38). But other theorists *are* able to address these tasks more satisfactorily, none moreso than Bourdieu, to whom I now turn.

3.5 *The Relevance of Bourdieu*

'Bourdieu's metaphors enable us to understand who can move and who cannot' (Skeggs 2004:48, author's emphasis).

Bourdieu offers solutions to the contradictions inherent in Giddens; Atkinson concludes that Giddens himself hinted at this (Atkinson 2007:542,544-45; Atkinson clarification by email June 2010). In this section I argue that Bourdieu's depiction of habitus takes us further than Giddens can in understanding human action in the domain of diet.

Earlier I discussed the 'cultural turn' in sociology and its role in deflecting attention from social class analysis, instead viewing consumption as the defining principle of late 20th century society. Yet consumption was arguably simply a new way for social stratification to be manipulated and embedded (Crompton 2008b, Edwards 2000).

Edwards locates what modernists and postmodernists share on the subject of consumption: both would agree it is an important dimension of social life, and even postmodernists, focused on consumption as culture, would not necessarily deny that consumption has socially divisive and exploitative aspects. Where they *would* differ is in the degree to which these aspects 'centre on matters of class or underlying economic mechanisms' (Edwards 2000:50). Bourdieu resolves these tensions, seeing consumption as 'a cultural site of social stratification through which the wider economic and political tensions of contemporary capitalism are played out', and recognising consumption's role in forming both individual and group identities in terms of both culture and status (ibid:36). Bourdieu also links production and consumption via Marx. Recalling Marx's statement that 'the division of labour brands the manufacturing worker as the property of capital', Bourdieu locates the 'branding' to which Marx refers in lifestyle itself, which is expressed through consumption (Bourdieu 2010:174).

Bourdieu's empirical research published in *Distinction* (Bourdieu 2010)³¹ portrayed French society of the 1960s, and included diet as a cultural practice. Even at the time,

³¹ *Distinction* was first published in French in 1979, and in English in 1984. This book published in 2010 uses the same translation but a new introduction. Citations from Bourdieu are from this 2010 book as are paginations.

food consumption in France and Britain would have differed widely; several decades later, there are aspects of Bourdieu's class ethnographies which have no parallel with British practices and stratifications. Bourdieu predicted this variation in practice, but insisted that the basic analytical principles should apply over time and space – especially, that education, occupational structure and status shape tastes according to class cultures. Edwards finds Bourdieu's study of French life both 'elaborate and tiresome', but agrees that his conceptualisation has had lasting applicability (Edwards 2000:37).

Bourdieu based his class groupings on 'the fundamental determinants of the material conditions of existence and the conditionings they impose' – hence a focus on occupation (Bourdieu 2010:100). We automatically associate a series of secondary characteristics when a single criterion such as occupation is used as the basis for social segmentation (ibid).

Before outlining Bourdieu's thinking about food and class, and the embodiment of class via diet, it is necessary to place Bourdieu's most fundamental concept, that of the *habitus*, in the context of food consumption.

3.5.1 *Habitus*

As Habermas was to develop the previously existing concept of lifeworld, so Bourdieu did with *habitus*, which is also to be found in Weber, Mauss, Husserl, Schutz, Merleau-Ponty, Elias, and may even date back to Aristotle (Bennett 2010:xix; Scambler 2002:74; Crossley 2005:104). Bourdieu's focus on *habitus* reflects his concern with challenging a voluntaristic concept of agency and demonstrating the underlying 'pre-reflective' nature of *habitus* (Crossley 2005:108-109). He includes diet in his empirical research and shows how it is shaped by the *habitus* of different social groups.

Lupton describes *habitus* in the context of food consumption as a set of 'unconscious preferences, classificatory schemes and taken-for-granted choices' as sub-cultures pass on 'food practices and beliefs' (Lupton 2003:44). People are not necessarily making free choices (ibid:44); the context is given and practice begins in the absence of

conscious thought. This recalls Marx's depiction of man finding himself in a set of circumstances which he has not chosen, but with which he must interact.

An element of routine is generated by the habitus. For Giddens, routine was an ontological necessity which sustained frail psyches in a challenging world. For Bourdieu, routine is not something we *need* so much as something we naturally *do*; a practical matter, arising unquestioningly out of our habitus and our relationship to the world (Atkinson 2007:545). It is not that choices in routine contexts such as eating are *entirely* automatic – but those choices, and the capacity for reflection, are shaped by the habitus (Crossley 2005:110). Whatever degree of choice exists, the 'prerequisites of choice cannot be chosen' (ibid). The conditions underlying 'choice' are pre-conscious, then.

Much of the meaning of Bourdieu's use of the term habitus is captured in its definition as 'acquired disposition' (Crossley 2005:104). This encompasses the notion of behaviour as emerging from the set of circumstances into which we are born and raised; but it also alludes to the tension between structure and agency. Structure shapes the circumstances we 'acquire' through birth, and within those limitations, we are disposed to act in a given way. However, we might acquire resources of one kind or another during our lives which will allow for degrees of departure from childhood habitus. These resources and dispositions are eventually assimilated as the habitus becomes 'durably incorporated in the body in the form of permanent dispositions' (Bourdieu 1993 cited in Laberge 2010:774).

But these acquired dispositions are not necessarily expansive in a positive way. In the context of food consumption, as agricultural production and food processing technology advanced, particularly since the 19th century and accelerating in the late 20th century, snack and meal products emerged which had little or no connection to previous modes of eating. Some have little recognisable connection to their original agricultural constituents. As the epidemiology will show in Chapter 4, and food industry scientists and marketers will acknowledge in subsequent chapters, people from the lowest socio-economic groups consume more highly processed foods and are more likely to experience the health effects of a nutrient-poor diet. Even some of

those in higher socio-economic groups may be consuming a high degree of processed foods and too many calories overall for optimum health. This is where Bourdieu's idea of the habitus has its limits. At the very least we need to see industrial influences and activities as phenomena which are absorbed into the habitus, continually shifting its practices towards the products the industry is targeting at us. In a subsequent discussion of Habermas in this chapter, his ideas of lifeworld colonisation help to bridge this gap within Bourdieu's thinking when we seek to understand dietary patterns which have altered dramatically in population terms in recent decades.

But an altered, increasingly highly processed and highly palatable food supply does not discount early, familial influences on food tastes and practices. Describing the shaping of human action by the circumstances into which he is born (and in a way which recalls Marx), Bourdieu concluded that

nothing, perhaps, more directly depends on early learning, especially the learning which takes place without any express intention to teach, than the dispositions and knowledge that are invested in [clothing, furnishing and] cooking...it is probably in tastes in food that one would find the strongest and most indelible mark of infant learning, the lessons which longest withstand the distancing or collapse of the native world and most durably maintain nostalgia for it. The native world is, above all, the maternal world, the world of primordial tastes and basic foods, of the archetypal relation to the archetypal cultural good (Bourdieu 2010:71).

Bourdieu, like Freud, believed in the power of the 'oldest and deepest experiences' and noted that tastes in food are 'deeply rooted in the body and in primitive bodily experiences' (ibid:73). Food industry scientists and marketers reach similar conclusions in Chapters 5 and 6. This can mean that a taste for sweet, fatty foods is established in childhood which can remain decisive throughout adult life, even if particular products containing these elements may frequently change and develop in the marketplace.

Barker's epidemiological research backdates the role of habitus in diet even further, through his investigation of 'foetal programming', and in particular, the connection between maternal ill health, foetal under-nutrition and ill health in adulthood (Barker 1998 cited in Graham 2007:153). Barker's work reminds us that it is not just in childhood that our eating behaviour (and health) is influenced; in utero, the mother's food consumption and health influence that of the foetus.

Other studies show a relationship between early cognitive development and later socio-economic position, alongside the role of family background in shaping 'cognitively strong' children (Esping Andersen 2004 and Machin and Vignoles 2004, both cited in Graham 2007:154).

So how does the 'inherited capital' that flows from such primitive and embedded experiences, interact with or allow for 'acquired capital'? A certain standard of education is generally what equips one to move from 'merely knowing' to valuing 'ways of using knowledge' (Bourdieu 2010:73). This is a useful way of conceptualizing what happens *for some social groups* as their diet evolves, taking into consideration and putting into practice information about nutrition. This move from 'knowing' to 'using knowledge' about food doesn't necessarily produce a uniform attitude or practice: one group of people might become concerned about health risks and food, amid ever-shifting warnings of risks to those alert to them; another might adopt a Mediterranean-type diet rich in fruit, vegetables, fish and olive oil – possibly for health reasons, but also for taste reasons. Others might persist in eating only British food even while on holiday in a Mediterranean country. All these practices presume, for Bourdieu, a certain standard of education. This could be what trumps the restricted diet of a British childhood (even in a middle class family) from the 1960s, say, in which Mediterranean food was almost unknown. The educational aspect of the habitus can be the mechanism for enlarging it beyond its earliest or most 'primitive' inputs.

But the habitus can also go 'backwards' in nutritional terms and this seems to be happening with the ever increasing consumption of highly palatable snack and meal combinations, and the use of prepared foods at mealtimes which may not represent a healthy diet. But this consumption is cued by the production, marketing and display of new non-nutritious foods. These foods or products are more likely to be consumed in large quantities among those of lower socio-economic status.

A crucial aspect of the habitus is that it is internalised; this has implications for the degree of consciousness with which we act. However, even if it is not consciously felt or understood by individuals, a habitus will be an 'observable social condition', generating 'categories of perception and appreciation' (Bourdieu 2010:95). A habitus

imposes societal norms and restraints which may conflict with strong impulses (Crossley 2005:105). This process may be at work in the clash between dominant societal norms regarding slim body shape and the fact that increasing numbers of people do not attain this desired standard. Over-consumption of calories and the link between food consumption and evolutionary psychology might have trumped societal conditioning (a desire to be thin) in this case. Only when this is mediated by vigilant and, to some degree, class-associated ideas of healthy eating and slimness is over-consumption of unhealthy foods avoided or brought under control.

Bourdieu saw no need to draw a distinction between culture and class. The two were interconnected in a dynamic relationship, and over time, created for each individual a unique habitus which could nevertheless characterise large social units with broadly shared characteristics. Bourdieu refers to 'a whole set of agents produced by similar conditions' and notes that 'different conditions of existence produce different habitus' (Bourdieu 2010:166). In the context of taste and consumption, 'people who belong to the same social group and who thus occupy the same position in social space tend to share the same tastes across all forms of symbolic practice' (Bennett 2010:xix). As Bourdieu himself puts it:

The practices of the same agent, and, more generally, the practices of all agents of the same class, owe the stylistic affinity which makes each of them a metaphor of any of the others to the fact that they are the product of transfers of the same schemes of action from one field to another (Bourdieu 2010:168).

This insight is striking for its similarity to consumer profiling techniques (discussed in detail in Chapter 6), in which various aspects of behaviour are traced in order to predict (then re-trace, and reinforce, through marketing) the kinds of goods and services people will buy. A given consumer group might, for example, prefer the same types of coffee, newspapers, travel destinations, leisure activities, home furnishings, food retailers and restaurants. Within an apparently 'infinite diversity of practices', Bourdieu finds a unity and specificity in them by breaking with 'linear thinking' and seeing instead the 'networks of interrelated relationships which are present in each of the factors' (Bourdieu 2010:101).

3.5.2 *The 'field' and 'capital'*

In the concept of 'the field', a 'structured social space' is characterised by inequality; people either dominate or are dominated (Bourdieu 1998 cited in Laberge 2010:774). Bourdieu looks at how people are positioned within a field given 'their access to power and resources', which are unequally distributed (Crossley 2005:81,83). Food itself constitutes a field (Bourdieu 2010:206). Though Bourdieu does not define what he means here (simply listing food as a field), food provision and the way people interact with the food supply available to them are probably most typically considered a field in social and health research, as the resources people have to access, purchase and prepare food emerge in the study of this field. Market research firms may not describe their analysis of food purchase data and behaviour as the study of a Bourdieuan 'field', but they are interested in how and where people interact with the food supply so that it can be ever more efficiently produced, sited and targeted. Much of the social and health research which concerns itself with food approaches it as food consumption and related behaviour. In this thesis, I aim to enlarge the notion of food as a field primarily characterised by consumption patterns within a taken-for-granted food supply (alongside, perhaps, health effects) by additionally examining the structural factors which shape the production and provision of food long before it arrives on the high street or appears in people's homes.

The competence required to operate in a given field flows from people's habitus – 'their socially and historically acquired dispositions' (Savage 2005 cited in Crompton 2008b:100). So some will navigate the continual expansion of snackfood availability in public spaces by perhaps noticing it critically – as I have – and ignoring it in terms of personal consumption; some will consume more of it, appreciating the convenience and perhaps unaware of the visual triggers to hunger. Bourdieu also employed the term 'capital' to encompass cultural, social and symbolic and financial capital; these different categories of resources are mobilised by individuals, but are not equally distributed or available (Crompton 2008b:100). Ultimately, habitus, capital and field produce practice; thus practices are structured (Bourdieu 2010:95).

3.5.3 *Bourdieu and food*

While one might argue that food consumption stands apart from other areas of consumption less related to survival and necessity, or even display and signs, Bourdieu disagreed: ‘the elaborated taste for the most refined objects [should be] reconnected with the elementary taste for the flavours of food’ (Bourdieu 2010:xxiv)³². There is no practice which is not characterised by ‘the stylization of life, i.e. the primacy of form over function’ and that must include food: ‘Even the field of primary tastes is organised according to the fundamental opposition, with the antithesis between quantity and quality, belly and palate...substance and form’ (Bourdieu 2010:172).

The primary distinction in food consumption corresponds to income differences, which masks a secondary distinction between cultural and economic capital (Bourdieu 2010:172). The crucial principle for habitus and lifestyle is taste, so income is not the only factor where food is concerned, though crucially, it determines ‘distance from necessity’ (ibid:173). But necessity is more than simply a matter of cost and resources, and more than the ‘congenital coarseness’ implied by ‘class racism’ in which lower social classes are seen to make ‘uninspired choices’ and judged to be getting ‘only what they deserve’ (ibid:173-175). In Bourdieu’s research, ‘being and substance’ characterised the working class concept of food, whereas for the bourgeoisie ‘form and appearance’ were more important (ibid:199). Edwards cites in a British context the ‘upmarket appeal of freshly made wheatgerm loaves over ready-sliced convenience packs’ (Edwards 2000:177). There is also the unofficial but widely understood rankings of UK grocery stores and how they target varying lifestyles and types of consumers (discussed in Chapter 7).

But ‘necessity can only be fulfilled...because the agents are inclined to fulfil it, because they have a taste for what they are anyway condemned to’. Whether those whose purchasing power is limited really have a taste for what they eat might be overstated:

³² Bourdieu’s book *Distinction* was published in English in 1984. Bourdieu himself died in 2002. However, the book was again published in English in 2010 with a new commentary by Tony Bennett, though Bourdieu’s work appears in the same translation as in 1984. I purchased and used the 2010 book for this thesis; I therefore refer to “Bourdieu 2010” throughout the thesis in all textual references as this is the only way the page numbers will make sense.

‘choice’, where taste is concerned, is ‘a forced choice, produced by conditions of existence which rule out all alternatives as mere daydreams’ (Bourdieu 2010:173).

Bourdieu also speculates on what convinces some people to defer gratification: they calculate whether the sacrifice of the pleasure of the moment will lead to future satisfactions, and whether the latter will be better than those sacrificed in the moment (Bourdieu 2010:176). Not everyone emerges from a habitus which would foster a ‘yes’ to that question. The capacity to defer gratification is an issue which arises in the context of the ‘practical materialism which is particularly manifested in the relation to food’(ibid).

But here Bourdieu addresses one of the contradictions in the food/health dichotomy under investigation: income alone ‘cannot account for cases in which the same income is associated with totally different consumption patterns’ (Bourdieu 2010:173). When this happens, there must be different selection principles and/or mediating forces at work: specifically, those relating to the multi-faceted and lifelong experience of the habitus (ibid:377). Consumer marketing profiles (Chapter 6) assess this in some detail as a purely commercial matter. But how can it be explained? Bourdieu locates the rationale in the concept of cultural capital, which might not equate to economic capital:

it is possible to deduce popular tastes for the foods that are simultaneously most ‘filling’ and most economical from the necessity of reproducing labour power at the lowest cost which is forced on the proletariat as its very definition (Bourdieu 2010:173).

For Bourdieu, cultural practices, including food consumption, were the result of both educational level and social origin or ‘home background’ – he uses both terms (Bourdieu 2010:xxiv-xxv). They are both dimensions of the habitus, and are thus interconnected. Together, they lead to either conscious or unconscious – he allows for both – ‘implementation of explicit or implicit schemes of perception and appreciation’ (ibid:xxv).

3.5.4 *How food is classed*

Bourdieu distinguishes between the status of different foods, as do consumers, whose preferences are both tracked and then reinforced by food product design and

marketing; this process is observed from an industry perspective in Chapter 7.

Statistical studies do not always assess food quality, instead quantifying production and consumption of commodities such as grain or cereals, not acknowledging the ways in which these raw materials might be processed and consumed by different social groups (Bourdieu 2010:192). Yet 'most products only derive their social value from the social use that is made of them' (ibid:13).

There is an echo of this in Fine et al.'s (1998) study of consumption patterns.

Examining National Food Survey statistics, the authors found that those in lower socio-economic groups persistently purchased sausages, for example, even though sausage consumption overall was declining.³³ It is insufficient simply to measure declining overall consumption of a given food if one group is actually increasing their consumption of it (ibid:106). They further suggest that meat consumption and food eaten at home in general may be 'a form of gratification for those who have more limited alternative outlets' (because of limited incomes) (Fine et al. 1998:108).

Bourdieu makes a distinction between two generative, internalised dimensions of the habitus: 'the capacity to produce classifiable practices and works, and the capacity to differentiate and appreciate these practices and products' (Bourdieu 2010:166). This seems a crucial distinction and could work in two ways in the context of eating: both expanding one's diet to include new and interesting foods, and/or making judgements, both positive and negative, about the kind of foods other people eat and what those choices say about those people as exemplars of social groups. In the latter case it would be possible to identify one's diet with one's own social group, yet to be aware in general terms that others eat differently (whether better or worse).

Bourdieu is often criticised for an overly deterministic view of human action as characterised by a habitus thought of as largely inherited. But in fact he allowed for acquired aspects of the habitus, which influence subsequent practice. He objected to the portrayal of social experience as mechanistic, experienced without cognition, but also rejected 'the illusion of the spontaneous generation of consciousness' (Bourdieu 2010:168). In a way that recalls Marx, he insisted that the force of the past remains

³³ Since then, organic and speciality sausages have emerged, targeting different consumers than those who purchase standard, cheaper sausages.

strong: 'it is yesterday's man who inevitably predominates in us, since the present amounts to little compared with the long past in the course of which we were formed and from which we result' (Bourdieu 1977 cited in Scambler 2002:74).

This has implications for choice, and in the present context, food choice. An implicit understanding of classificatory systems generates practices 'adjusted to the regularities inherent in a condition' (Bourdieu 2010:171). Thus constraints become preferences; in this way, 'an agent has what he likes because he likes what he has' in the context of 'the properties...legitimately assigned to him in the classifications' (ibid).³⁴ This applies not only to those constrained by income. Across all social classes, there is 'the same fundamental relationship to necessity and to those who remain subject to it' (ibid:172). Some consumer items are as socially 'necessary', or natural, to higher status groups, as others are to lower status groups; higher status consumers may not 'need' what they buy for survival, but their choices flow from their inclinations and expectations, which are shaped by both their habitus and the marketing influences which increasingly pervade and interact with that habitus, much as happens for other social groups.

Thus a Bourdieuan analysis could not conclude that 'some actors have a much greater autonomy to construct their identities than others' (Bunton and Burrows 1995:211). Williams (1995) suggests that both freedom and constraint are present in daily life, influencing health behaviour. But Kelly and Charlton (1995:89) insist that 'either we are all free or we are all socially determined'. Bourdieu might put this differently: 'people develop a taste for what is available to them' in an interplay of habitus and capital, reproducing themselves 'by their internalisation and display of certain tastes' (Williams 1995). (Again, this can be overstated: low-income shoppers interviewed about food purchases express dissatisfaction with the limited options available to them (Hitchman et al. 2002. In the sixth year of the latest economic downturn, the challenge of eating well on low incomes, with inadequate resources to purchase a nutritious diet, is increasingly apparent, as described in Chapter 1).

³⁴ It is possible to overstate this. For example, Dowler (2003, 2008a and 2008b) challenges the notion that only higher income eaters have high expectations of food, citing evidence of low income consumers who desire nutritious food and are interested in sustainability. Dowler et al. (2009) study small direct producer-consumer businesses which have customers on low incomes and state benefits.

Dietary practices can also be defined by what they are in opposition to. Thus, in 1960s France, the highest occupational classes considered popular taste to tend towards heavy, coarse foods (in an example Bourdieu's notion of 'class racism'), while preferring more refined and delicate foods for themselves (Bourdieu 2010:183). Meanwhile, the teachers in Bourdieu's study, with more cultural than economic capital, considered the diet of higher status groups vulgar because of their *lack* of constraints and propensity for display (ibid). The teachers were open to new ideas and became interested in ethnic foods and 'peasant' cooking (as, decades later, many middle class people are in Britain).

3.5.5 *Bourdieu and embodiment*

Though Giddens referred to bodily aspects of reflexivity, he saw this as a conscious process of monitoring and caring for one's body. Bourdieu observed that habitus was manifested, mostly unconsciously, in body shape, size, weight, posture, and style of movement. For him, embodiment was central to habitus, which he once defined as 'the social game embodied and turned into a second nature' (Bourdieu 1994 cited in Laberge 2010:774). The taste in food typical of each class was related to their idea of how food affected the body in terms of strength, attractiveness and health (Bourdieu 2010:187). Taste, therefore, helps to shape the body – both its outer form and its inner health: 'the body is the most indisputable materialization of class taste', and attitudes towards the body reflect the 'deepest dispositions of the habitus' (ibid:188).

Food, work and leisure all contribute to the formation and health of the body in a 'classed distribution of body properties' (ibid). Lupton describes how food and nutrition are inscribed on the body – in 'skin tone, weight, strength of bones, condition of hair and nails, digestion' (Lupton 2003:44). But individuals are only 'quasi-conscious' of deeply held ideas about the 'approved form' of the body (ibid). Nevertheless, Bourdieu finds that collectively, 'a universe of class bodies tends to reproduce in its specific logic the universe of the social structure' – an embodied social structure (Bourdieu 2010:191). In the process in which bodies manifest their class position, habitus is the 'hinge between agency and structure' (Crossley 2005:112).

Bhaskar's interpretation of human action sees us as mostly reproducing and recreating the structures in which we find ourselves, although transformation of those structures, and our own lives, is also a possibility³⁵. But it is no more than that: the potential to transform the structures that shape our lives, and the practices we have inherited, rests with those who have or acquire the necessary balance of social, cultural, educational and financial capital.

Skeggs has argued that conscious reflexivity is characteristic not of agents in general, nor of one entire class, but of one *section* of the middle class, for whom education and the habits of acquiring information, questioning received wisdom, and making changes are part of their habitus. Food marketers observe a middle class sub-group interested in healthy foods, with other high status eaters susceptible to what marketers call 'indulgent' foods (see Chapter 7). The nutrition-conscious group is only one of many different middle class consumer groups; others might have adequate financial capital, but less cultural or social capital in terms of seeking out a healthy diet.

Webber, who originated consumer profiling for market research purposes several decades ago, describes six types of middle class metropolitan groups: three of them – 'Counter Cultural Mix', 'City Adventurers' and 'New Urban Colonists' – are broadly conscious of diet and exercise (Webber 2007:191-196). City Adventurers (young, white, well paid private-sector employees) are notable for their well researched consumer decisions; New Urban Colonists (university-educated, often working in media/public policy, generally Labour/Lib Dem supporters) are disproportionately interested in food and its provenance, going to 'considerable trouble to shop at upmarket supermarkets offering variety and freshness' (ibid:196). He points out that although his descriptions of each group read as qualitative research, they are based on quantitative data (ibid). These groups occupy different neighbourhoods. There is, he concludes, 'a habitus under which people tend to huddle with people they identify as being like themselves' (ibid:106).

Backett-Milburn et al. (2010) describe one middle class group – and the process of dietary reflexivity – in their research into the dietary practices of middle class Scottish

³⁵ See previous discussion of Giddens and reflexivity.

families with teenagers. Wills et al. (2011) illustrate how differently working class and middle class families eat, and the distinct levels of social, cultural and economic capital necessary for and resulting from these eating practices. They interpret their data in a Bourdieuan framework, finding limits to reflexivity for families from two different social classes. This empirical research illuminates Skeggs's claim about differing reflexivity even among middle class groups. The studies cited above also address the low priority accorded teen eating habits in the context of 'sociologically disadvantaged parents' and explain how class influences consumption. These insights may indicate future developments in the health of today's teens. However, they can reveal only a fraction of what commercial data can teach the food industry about all population groups by tracking consumption behaviour by both daytime and residential neighbourhoods.

Crompton insists that 'habitus involves resistance as well as compliance' (Crompton 2008b:102). For example, there is active resistance to treatment regimes by some teenagers with diabetes in a way which is traceable to their habitus; this does not deny a degree of reflection before medical advice is rejected in a spirit of defiance and a desire to be like others inhabiting their shared habitus who are *not* ill (Channel 4 2010). The teenaged patients who reject medical regimes to treat their diabetes comply unhesitatingly with habitus-based foodscapes (and alcohol-scapes).

Some agents *do* have the capacity to reflect and change their health-related behaviours as part of their lifelong habitus; some possess it in some dimensions, and not in others; and some do not possess it in any great degree.

If it is true that 'much of the reproduction of social classes takes place within the family', as Crompton concludes, and the role for a broad concept of 'culture' is therefore central to class formation, then let us acknowledge that the dietary practices of families have also been penetrated and shaped by an alert food industry and its market research arm. This acknowledgement is in line with Crompton's exhortation to 'maintain a focus on the pressures and processes that shape the structures within which individuals are embedded' (Crompton 2008b:150). She argues that these pressures can be changed or resisted. But first we need to be aware of them, and

arguably the role of marketing has not been fully understood because its practices and discourse have not been analysed in detail in a social class context – the central task of this thesis. Few societal trends go unobserved by marketers. All are tracked and linked to targeted product and service ideas. Marketers then continue to research and interact with family/group/ cultural dynamics to construct and market consumer goods and services broadly along segmented – both economic and socio-cultural class – lines, in a process that is fully reflexive only among marketers.

In one example of this process, a new analysis links food cultures, commercial marketing and health outcomes among African- and Hispanic-Americans. The authors use the term ‘foodways’ to describe the practices and environments resulting from ‘generations-old food preferences, preparation styles, and eating patterns’, but also trace how marketing interacts with these practices (Williams et al. 2012:385). They conclude that foodways ‘operate at the intersection of culture, marketing, and health disparities’ (ibid). Culture predisposes people to dietary types; marketing interacts with cultures to construct and target products for consumer groups; and over time, states of health are affected – negatively, in the case of those studied by Williams et al.

In this discussion of Bourdieu, food consumption and class, I explored understandings of individual action, as well as the forces that shape and limit reflexivity. Taking a further step back from the role of class in shaping diets, I added to Bourdieu’s analysis the role of the food industry, and especially food marketing, in both studying and shaping the habitus. Through food product development, packaging, and advertising and marketing campaigns and retailing strategies, it contributes some of the images, cues and practices which are continually absorbed by the habitus, altering it over time. These are discussed in Chapters 5, 6 and 7.

But if one is seeking the origins of changes in food consumption, population bodyweight trends and diet-related health in recent decades, one cannot stop at the role of food marketing or even food processing. Logically, a continual tracing of underlying factors, guided by a critical realist framework, leads back eventually to the origin of food in agriculture. While the remit of the thesis does not permit a comprehensive analysis of late 20th century developments in agriculture, it is

important to acknowledge that problematic diets leading to increased health risks do have their origins in global agricultural forces which are technological, financial and (de-)regulatory in nature; and underneath these layers of activity, these forces are neoliberal. Food regimes research is one approach which unites agriculture with capitalism in ways which are illuminating for investigating the food industry's role in diet, health and class.

3.6 The food regimes approach

Food regimes analysis, which grew out of and expanded on agrarian political economy, traced the shift in agriculture, capitalism and world food dynamics moving historically from 'empire to state to market' – notwithstanding the continuing role of the state in subsidising agriculture in the global north, even while agriculture has been liberalised in the global south (McMichael 2009:283,285). The characteristic neoliberal features of market liberalisation and financial deregulation have enabled a high degree of consolidation and integration in agri-business (ibid:286); food regimes scholars trace this process and its effects.

Food regimes analysis moved in the opposite direction from my own research. I began with consumption and the targeting of consumers by marketing and then stepped back to examine food product development, food science, food processing, and finally, agriculture; food regimes scholars have, by contrast, emerged from rural/agricultural studies to respond to a call to look at 'dynamics, processes and practices beyond the farm gate, like those associated with supply chains and at the point of consumption' (Carolan 2012:55).

Thus this line of research periodises agricultural development historically, analyses agricultural practices in a neoliberal era and researches 'issues of historical, spatial and social contingency' (Carolan 2012:55). Neither Carolan nor McMichael, an early proponent of food regimes thinking alongside Friedmann, especially in their seminal 1989 article, consider it a theory per se³⁶ (Carolan 2012:56). Rather, it is a historical

³⁶ Although, together with commodity systems analysis, it has been called 'agrifood theory' (Buttall 1996 and McMichael 1994 cited in Carolan 2012:58).

concept that has been used to challenge assumptions of linear paths of agricultural development and applied to understanding ‘the relations within which food is produced, and through which capitalism is produced and reproduced’ (McMichael 2009:281, 289).

Food companies play a dual role under neoliberalism: not only are they in competition to capture market share; they must also operate in financial markets, alongside both food and non-food competitors for investment, to deliver competitive rates of return to investors (Rossman 2007 cited in Burch and Lawrence 2009:271). So while marketers speak of working *with* consumers to co-construct value, they must also enable food companies to make a profit and serve the shareholder – though this potentially contradictory dynamic does not generally enter the discourse. In an unusual exception, one brand marketer acknowledges (in Chapter 6) that marketing budgets need to be justified by their contribution to producing sufficient shareholder returns (*Marketing Magazine* 23/02/11d).

There are some contradictions in the food regimes mobilisation of neoliberal theory, as its practitioners themselves acknowledge. For example, states continue to structure the current global agricultural regime, because ‘paradoxically, the neoliberal compact has always depended on public subsidies—whether through privatization (selling off public assets), and for agribusiness and energy companies, and now agrofuel infrastructures’ (McMichael 2009:286).

Marketing academics Hackley (2001, 2009 and 2010) and Skalen et al. (2008) situate marketing within neoliberal structures and goals (see Chapter 6). Their analyses have been most directly useful in tracing this relationship in the context of food production and consumption. Food regimes and critical marketing scholars share a commitment to revealing how neoliberalism plays out in their respective fields of enquiry, and, though the practitioners of each are not apparently aware of each other, their work does, in a sense, meet and overlap in their shared, central concern with neoliberalism. The power of food marketing and a globalised market research industry in a neoliberal era is part and parcel of the power and reach of globalised and highly capitalised agribusiness; both are serving consumers but also shareholders. This thesis considers

these different actors and activities in the food system, and encompasses the changing nature of agricultural production and how it influences food production, the ways food marketing works with food production to make it of interest to appropriate consumers, and what the health consequences are, by social class, of this chain of events.

Until the mid-2000s, food regimes studies were a ‘muted current of thought in agricultural political economy’ before experiencing a resurgence from 2007 (Campbell and Dixon 2009:261). At that time, a series of international meetings prompted research studies in which scholars applied the food regime concept to the financialisation of food retail, the uses of nutritional science in the nutrition transition, regulation of agricultural trade, the link between biofuels and cooking fuels, and green capitalism, to name some of the investigations to which food regimes thinking has been applied (as summarised by Campbell and Dixon 2009:264). McMichael has additionally researched global corporate land grabs (2012), agriculture and environmental governance (2011) and the displacement of peasant cultures by corporate food ‘dumping’ (2005). McMichael, a pioneering food regimes scholar, has referred to ‘class-based diets’ among several outcomes of the current ‘corporate’ regime (McMichael 2000:22): ‘by the mid-twentieth century, food was incorporated into consumption relations, as the industrial food system began endlessly differentiating class diets with value-added foods, ‘fast foods’ and ‘durable foods’ (Friedmann 1992 cited in McMichael 2009:283). (I document and analyse this process in Chapters 5-7). Friedmann and McNair (2008) have studied social movements such as Slow Food as well as eco-food movements in Mexico and Canada. Guthman (2011) has addressed obesity in the context of the global food system (not citing the food regimes framework per se, though she makes the link with neoliberalism).

Food regime analysts use the term ‘regime’ to refer to rules, which they infer from observing the behaviours of key actors and institutions. For Friedmann, the rules in any food regime relate to state regulation and hegemony³⁷; recently, she believes, the hegemony of monetary institutions influencing the food supply has been under-

³⁷ Hegemony in the sense of the dominance of one institutional actor or state over others; not in the Gramscian sense of the term.

researched in agricultural political economy (Friedmann 2009:336). It is challenging to apply the potential for state regulation to food marketing or food product development, since, as long as food safety is being observed, the way forward for state regulation is debatable and contested. Advertising is regulated, and there are local regulations which can be used to limit food retail outlets, though this seems to be only weakly employed thus far. There seems little interest or framework for further regulation at the present time, not least because there is a neoliberal preference for individuals to change their behaviour instead. Certainly, sites for the retailing of food are continually expanding, as are food marketing techniques and strategies, as discussed later in this thesis. Research by Hawkes et al. (2012) cited in Chapter 5 do not evoke the food regime framework but they do situate food consumption and health in an agricultural context, while also exploring the potential for regulation of food product development and marketing activities to support population health.

Friedmann's other food regime criterion, hegemony, is more easily applied in the present research. The hegemony of major transnational market research firms in tracking consumer behaviour and influencing both neighbourhood food supply and public health policy becomes clear in my discussion of these institutional actors in chapters 6 and 7; and the growing hegemony of supermarkets is also spelled out in a food regimes context in Chapter 5. This again raises the question of how these related hegemonies could be regulated. My aim in this thesis is to contribute to the discussion by analysing the extent of the power and reach of market research and marketing, and their contribution to dietary practices and resulting health.

A major concern of food regime scholars has been the periodicity of regimes. They agree on the first and second regimes – the first being British-imperialist, lasting from the late 19th century to the 1930s, and involving both agriculture and industry (Carolan 2012:57); the second, US-led, from the 1950s to at least the 1970s, and focusing on 'the disposal of agricultural surplus' at prices affordable by workers both in the US and abroad (Carolan 2012:57). A dispute among scholars centres on whether the neoliberal, corporatist practices of recent decades have signalled a paradigm shift into a third regime. Nevertheless, for one regimes scholar,

the food regimes approach has a useful role to play in demonstrating that the pursuit of neoliberalism in food and agriculture worldwide over the past thirty years irrespective of whether it constitutes a third regime has left a terrible legacy of environmental damage, resource depletion, one billion undernourished and more than one billion over-nourished and overweight (Sage 2012:8).

For McMichael, the latest food regime is corporate in nature 'insofar as the organizing principle is the market, not the empire or the state, as in previous food regimes' (McMichael 2009:285). This regime consists of 'a relatively stable set of relationships privileging corporate agriculture, in the service of capital accumulation on a world scale and at the expense of smallholder agriculture, local ecologies and 'redundant' urban fringe-dwellers' (ibid:289).

The debate over the periodicity of regimes is outside the remit of the present research, but it should be acknowledged that continuities in the growth and popularity of processed foods and the patterning of poor diet and poor health, can be seen in 19th and early 20th centuries. These mirror the growth of food processing and the physical effects of an increasingly processed (and hyperpalatable) diet, as cited in Chapters 5, 6 and 7. This is not the first time in history that large sectors of the population have seen their bodies structured in unhealthy ways by an unbalanced, industrialised food supply, amid the substitution of cheap ingredients and foods for better quality ones. We have already observed the poor physical state of workers in the 19th century (earlier in this chapter, in the discussion of Marx; the historical context of food processing is discussed in Chapter 5). By the early 20th century, 'Britain had spawned a new generation of rickety, stunted, toothless and anaemic children, and the health of the poorest classes was continuing to decline' (Colquhoun 2007:311). Despite obvious disjunctures between now and 100 or 150 years ago, there are also disturbing continuities in free market industry practices and their link with dietary trends and class-differentiated diet-related health patterns. Historically, government action to address industry practice has also followed a very halting trajectory, with concerns about dietary health expressed long before action is taken (Burnett 1989).

Food regimes analysis has not been overtly applied by sociologists to health outcomes of food systems, or the ways in which food marketing serves and emerges from the corporatist nature of the present food regime, as they apply their skills to

differentiating and targeting consumers by social status. As Carolan observes, 'Sociologists have long been interested in consumption; they just didn't, until recently, happen to be rural sociologists or sociologists of agriculture' (Carolan 2012:305). Thus sociologies of food and consumption have not tended to focus on agriculture, and the way it has mirrored and reproduced capitalism in a neoliberal era. This thesis makes some progress in uniting these various lines of enquiry.

Despite some limitations for the present research, the food regimes framework, by opening up agricultural studies to investigating both political economy and industry practices which influence what happens to agricultural commodities once they leave the farm, is of signal interest in investigating the diet-health-class nexus. It could usefully broaden the perspectives of both the sociologies of food, consumption, and (diet-related) health and illness. As my research indicated at a fairly early stage, a focus on food marketing or even food retail industry practices was not sufficient for explaining changing trends in food consumption; I found it necessary to investigate what has been happening in agriculture (if somewhat briefly, for reasons of space) to make sense of food, health and bodyweight trends.

This led me to the research by Hawkes and various colleagues (food policy specialists rather than food regimes analysts) who most comprehensively bring together agriculture, food consumption and health. In line with their previous research into the nature of food systems and how they affect consumption and health, a recent study by Hawkes et al. (2012), while not citing the food regimes framework per se, investigates shifts in global agricultural practices much as Friedmann, McMichael and other food regimes scholars have discussed them. But for Hawkes and colleagues, the disconnect they have observed between agriculture and health has been a distinctive and central concern in recent years. Their work examines food systems and the food supply chain, both in the context of agricultural practice, and as commodities are subsequently processed and transformed for consumption. Their empirical analysis is discussed in Chapter 5. Burch and Lawrence, sociologists who do cite the food regimes approach, explore the changing nature of supermarkets in a neoliberal age; their empirical research is also cited in Chapter 5.

I now turn to Habermas in a detailed investigation of how a range of systems including politics, liberal capitalism, technical progress and even marketing interact with the social worlds of individuals. Habermas's thinking can address the gap identified in this section in Bourdieu's notion of habitus, helping to illuminate the paradoxical situation in which a habitus largely set in a given social and familial context can nevertheless, over time, engage in an altered dietary pattern as new products and technologies emerge both for researching consumers' lives, developing products, and targeting consumers with them, often by social class. Habermas traces system manipulations which alter the experience of the 'lifeworld' while ensuring that class divisions and even the language of class do not arise to challenge the legitimacy of governments or markets.

3.7 *Habermas and the colonisation of food lifeworlds*

In this section I will explore the ways in which Habermas's thinking about structural forces, social class and human action addresses gaps in both Giddens and Bourdieu and supplies insights regarding the influence of marketing in food consumption. His work on the role of technology in politics and social life was also an advancement on Giddens and Bourdieu and will be set in the context of food processing and marketing technologies. First, Habermas's concepts of system, lifeworld, and the colonisation of the latter by the former, will be discussed.

For Habermas, the lifeworld is intuitive, taken for granted; 'a complex world of practices and customs as well as ideas' (Outhwaite 1996:117). The ethical dimension of the lifeworld is constituted by an idea of the good life, and any questions about the good life 'have *always already been answered*', as individuals perform duties which are 'inextricably tied to concrete habitual behaviour' (Habermas [1983]1996:190; author's italics). Such understandings are cultural, given, unproblematic; and tightly interwoven with one another.

There are strong resemblances to Bourdieu's habitus, and even to Giddens's acknowledgement of the unconscious or programmed nature of social action stemming from accumulated life histories (though Giddens ultimately conceived of social action as primarily a reflexive process). However, the lifeworld is arguably seen

more in the context of the present than the past, and in its broader societal dimension; it acknowledges that external forces and messages are absorbed into our lives. It is primarily concerned with language in the form of what Habermas terms communicative action.

The structural influences flowing from market and administrative systems may not be *consciously* experienced by individuals in their lifeworlds; nevertheless, they are present, and real. It is these potentially distorting influences on the lifeworld as it is 'colonised' that Habermas emphasises, rather than the continuities and coherence of the habitus as described by Bourdieu.

In liberal capitalism, the 'fusion of validity and social acceptance' characteristic of traditional lifeworlds sooner or later disintegrates (Habermas [1983]1996:191). This process is arguably at work in the transformation of diets and their 'colonisation' by processed foods of varying types and quality, along with highly technical forms of food preparation in the home and even food technology training in schools. Such developments have an imposed rather than a reflexive quality to them.

Lifeworlds are structured and experienced through language and communicative action. A tacit acceptance of the daily experience of the lifeworld is expressed in terms which are shared among lifeworld participants. Communication would be meaningless and even impossible without these shared understandings and vocabularies (Habermas [1985]1996:358). It is this kind of language and understanding which skilled marketing seeks to tap into, building on existing tastes and concepts to introduce product innovations. At the same time, the discourses of healthy eating and individual responsibility for health are absorbed into the lifeworlds of those at whom such discourses are targeted.

But we only really become aware of our own lifeworlds, or, if we are researchers, the lifeworlds of others, when challenges arise which threaten their continued existence. Until that point, our lifeworlds are experienced as intuitive and unproblematic, but lifeworlds can fall apart (Habermas [1981]1996:331). When this happens, we experience disintegration as aspects of the lifeworld are colonised by forces outside it. Societal developments regularly prompt such 'provocative threats' to the lifeworld

(ibid:334). As problems make themselves felt, 'relevant components of such background knowledge are torn out of their unquestioned familiarity and brought to consciousness' (ibid:331). Then, ideally, 'processes of unlearning' can reveal how the lifeworld has been deformed (ibid). This opens up one approach to altering over-consumption of unhealthy foods: by seeking to understand the ways in which our foodscape (or our food lifeworld) is constructed for and presented to us, we can become aware of its limitations and the forces and strategies behind it, and begin to test alternatives to it by altering our normal, unconscious routines. But what are the obstacles to this process?

3.7.1 *A limited reflexivity*

Food provision at home, school and work changes gradually; new products and formats are introduced which build on our existing consumption. So while health educators and alert consumers might perceive as a 'provocative threat' a drink like "Sunny Delight", marketed as orange juice but in fact containing little juice, and much sugar and water, it was initially successful with children and some consumer groups (BBC 2003). Because the low juice content was not highlighted (though it was on the label), and it was stocked in refrigerated cabinets (though it did not need to be), the product appealed to parents as a fresh juice. Soon, however, the low juice/high sugar content became known, as well as the case of one child whose skin took on an orange tint after drinking large quantities of the beverage. Sales quickly declined, though Sunny Delight was later reformulated and remarketed (BBC May 2011).

A degree of reflexivity may take place when a product like this enters the market and is made known to its target consumers. The latter see it in a magazine or a TV advert, and it is made clear that this is a drink for people like them; families like theirs. Next time they are in a store selling it, they will be 'primed' to notice it by its aisle and shelf location, possibly with a price/deal promotion, and – hopefully, for the manufacturer and retailer – purchase it. Reactions in the constantly changing consumer landscape take place with varying degrees of consciousness, related to lifelong habitus, including differing stocks of information capital which may be insufficient to prevent their lifeworld from being colonised by such tactics. Marmot, a leading epidemiologist,

reflects this phenomenon when he described the role ‘for health and longevity of people’s assessments of their placement and accomplishments *relative to those with whom they share their lifeworlds*’ (Marmot 2006 cited in Scambler and Scambler, in press:14; authors’ wording and italics).

But Habermas’s theory accounts for these variations by distinguishing between a cultural tradition which constitutes the lifeworld of a community and is experienced by individuals as pre-interpreted, and one which fosters among its members ‘a reflective attitude toward cultural patterns of interpretation’ (Habermas [1981]1996:133). This is the process described earlier by Skeggs, who observes it in some sections of the middle class. For Habermas, it happens when people are able to grasp ‘information about lawlike connections’ which have ideological underpinnings; this can begin to transform the ‘unreflected consciousness’ (Habermas [1968]1996:99). Unmediated, unmanipulated communication is required for this to happen. But the structural obstacles to such communication can prevent a cognitive grasp of something that is hidden for strategic reasons. This is how the lifeworld is colonised – and distorted.

Giddens’s thinking on reflexivity does not seem to acknowledge such distortion, and the resulting variable access to reflexivity. But Habermas lays bare the problem: knowledge is constituted by interests³⁸, and interests emerge as the ego negotiates between ‘instinctual aims and social constraints’ to construct an identity (Habermas [1968]1996:102). This may limit knowledge. The capacity for reflection is linked to an individual’s knowledge and interests as constituted by the cultural tradition and social group inhabited by the individual; it must, therefore, be available to some groups, but not others, depending on the social constraints experienced in different contexts. This again recalls what Skeggs describes about the social differentiation of reflexivity even within the middle class.

Sociological debates over what constitutes class, and critiques of basing ‘class’ divisions on occupation, education or income, miss the point from a Habermasian perspective: instead these measurements are seen as simply part of what has enabled

³⁸ Here Habermas is speaking of an individual’s interests forming his knowledge rather than the broader sociological and political concept of ‘interests’ which may motivate groups of actors or institutional actors, and which may conflict with the public good. Such interests are often concealed.

the state, seeking to maintain its legitimacy, to address the needs of those judged to be 'in need', so that they do not undermine the forces of capital and the wider social stability necessary for capital to flourish.

Habermas does not use the language of class here, much to the regret of Scambler, who concludes that Habermas has 'too hastily discarded a Marxian insistence on the continuing significance of relations of class' and the role of power elites in the uncoupling of system and lifeworld. For Scambler, class relations 'effectively underwrite' health inequalities (Scambler 2001:87,105,108).

3.7.2 *Capitalism, the welfare state and the lifeworld*

At one time, the lifeworld would have been a complete entity or structure, bounded by the practices and experiences of the social or cultural group. But as society developed, economic and administrative structures emerged which were distinct from those more indigenous structures or practices which previously governed the group. In this process, the lifeworld is relieved of 'the tasks of material reproduction' (Habermas [1981]:316). Such tasks might have involved individuals and groups growing their own food, for example, or building their own housing. This was a pivotal point in human development, also noted by Marx.

With the emergence of capitalism, the economy rather than the state comes to attain primacy (ibid). New structures emerge which Habermas calls the 'system'; he describes at length 'the uncoupling' of system from lifeworld and the dislocating effects of this process on social class:

a class structure shifted out of the lifeworld into the system loses its historically palpable shape. The unequal distribution of social rewards reflects a structure of privilege that can no longer be traced back to class positions in any unqualified way...The more the class conflict that is built into society through the private economic form of accumulation can be dammed up and kept latent, the more problems come to the fore that do not *directly* violate interest positions ascribable on a class-specific basis (Habermas [1981]1996:289).

So capitalism is able to 'use' the uncoupling of system and lifeworld to deflect attention from inequalities inherent in a capitalist system and from the very notion of classes (Habermas [1981]1996:288). Thus late modern capitalism has flourished alongside 'welfare state pacification of class conflict', in which conflicts regarding

distribution of resources 'lose their explosive power' (ibid:288-289). The post-traditional 'classes' we are left with, then, are not what they were in previous societies.

The key difference is the intention that the welfare state 'intercepts the dysfunctional side effects of the economic process and renders them harmless for the individual', and this weakens class identities (Habermas [1976]1996:257). Some benefits payments remain available to those judged in need of them (though such judgements are now being reconsidered). Public healthcare, education and pensions additionally relieve the private (capitalist) economy of the responsibility for addressing these needs, and aim to lift all citizens out of the worst sufferings of pre-welfare eras (Habermas [1981]1996:287).

Habermas traces the uncoupling of system from lifeworld without elucidating the implications for different social classes. Indeed, this uncoupling process is what makes it possible for class-based effects to be less obvious, while still deeply entrenched. Nevertheless, his understanding of the interplay between knowledge and interests, and how they influence capacities for reflection, reveals a differentiated social process resulting from lifeworld experiences and varying degrees of accumulated expertise.

3.7.3 *Economy, state and lifeworld*

While economic prosperity and the compensations of the welfare state may have blurred traditional understandings and experiences of class, they have not removed status-related groupings, with some groups chronically lacking social, educational, occupational or economic power, capital or capability to transcend these deficits. This phenomenon is arguably the result of an 'indissoluble tension' between capitalism and democracy itself, in which 'the propelling mechanism of the economic system has to be kept as free as possible from lifeworld restrictions as well as from the demands for legitimation directed to the administrative system' (Habermas [1981]1996:285). In this view, capitalism and democracy are contrary systems which 'thwart and paralyze each other' (Offe 1984 cited by Habermas [1981]1996:286).

This contrariness is apparent in the coalition government's decision in 2010 to invite the food industry to fund health promotion campaigns, though the government would eventually resume its own contributions³⁹. This was portrayed as placing some responsibility for dietary health on the industry's shoulders while avoiding further regulation. The approach of the food industry parallels that of health promotion discourse, described by one sociologist as being 'shot through with...a language of choice – [insisting] that individuals have control over their health choices', and deflecting a focus on structural influences on health and 'choices' (Webster 2007:96).

3.7.4 *Technology, democracy and the lifeworld*

In *Toward a Rational Society* (1987), Habermas focused on the relationship between technology and the lifeworld in a way that is useful for examining the role of technology in dietary patterns.⁴⁰ Critiquing the notion of an unpoliticised and pure science, from which technology proceeds, he asks: 'How can the relation between technical progress and the social life-world...be reflected upon and brought under the control of rational discussion?' (Habermas 1987:53). He included in his concept of technology manufacturing, management and administration but also – presciently – 'the manipulation of electoral, consumer, or leisure-time behavior' (ibid:55).

He distinguished between the 'capacity for control made possible by the empirical sciences' and the capacity for 'enlightened action' (Habermas 1987:56). Thus his question becomes: 'how can the power of technical control be brought within the range of the consensus of acting and transacting citizens?' (ibid:47). There are two key problems: first, technological development often leads to unanticipated applications, with unacknowledged implications for the lifeworld; and secondly, achieving consensus among these 'acting and transacting citizens' requires a communicative

³⁹ 'Lansley said that big food and drinks companies would not face new regulation in return for helping meet the cost of Change4Life, the biggest ever healthy eating and fitness campaign', a decision criticised by health campaigners (*Guardian* 30/12/10; also 24/04/11). Government funding later resumed, and a firm which also promotes snack foods and soft drinks was hired to promote Change4Life (*Guardian* 20/12/11). Change4Life's The Great Swapathon allowed shoppers to exchange vouchers for processed food items promoted as healthier choices.

http://www.change4lifewm.org.uk/resources/The_Great_Swapathon_Resource.pdf

⁴⁰ English translation 1987; originally published in German in 1969.

openness and 'the redeeming power of reflection'. Mere technical knowledge is not the same thing (ibid:57-61).

Another problem is that political leaders have ceded power to science and technology (Habermas 1987:64). This is reflected in the lack of political leadership in banking regulation, in part because the financial instruments which led to the 2008 credit crunch were beyond the comprehension of politicians and possibly even regulators. A broad parallel can be drawn with the food industry, where levels of both scientific and technical information about nutrition and technologies that process, site and market food operate at high levels of speed and sophistication which may not be grasped by either politicians or consumers. With the construction (via food chemistry and the psychology of consumption) and marketing of processed foods high in fat, salt and sugar, and food industry colonisation of health promotion discourse, we can see technical expertise influencing the public in potentially distorting ways. The application of scientific information in strategic contexts (such as food or drug marketing) itself can contribute to 'a deformed public realm' (Lubbe 1962 cited in Habermas 1987:70).

Habermas argues that technical progress is not an independent, automatic process in which new techniques arise and applications are found for them (Habermas 1987:58). Instead, technological development often conceals 'unreflected social interests and pre-scientific decisions' (ibid:59).

For Enlightenment scientists of the 19th century, science was for the benefit of humanity. Even Marx did not foresee the conflict that has arisen between scientific progress and democratic decision-making, but for Habermas this is precisely what prevents the realisation of 'the associated material and intellectual productive forces in the interest of the enjoyment and freedom of an emancipated society' (ibid:58). Technical progress takes place 'without being reflected upon' in the reproduction of social life (Habermas 1987:60). The result is that 'new technical capacities erupt without preparation into existing forms of life-activity and conduct' (ibid). This is one answer to Giddens's critique of the 'absent core' in Habermas which, for Giddens, left the reproduction of social life unexplained (Giddens 1995:256). The idea is developed by Johnson as 'the adjacent possible' – the unanticipated results of continual

scientific/technological developments ultimately resulting in major social change (Johnson 2010; discussed again in Chapter 5). But Habermas sees dangers in this process.

What is the solution? Habermas finds an essential role for a 'politically effective discussion that rationally brings the social potential constituted by technical knowledge and ability into a defined and controlled relation to our practical knowledge and will' (Habermas 1987:61). Only in this way can people become aware of the underlying interests at work, and decide how technical knowledge is to be developed in future (ibid). Thus technical progress must be endowed with political consciousness; only then can its relation with the lifeworld be a legitimate one (ibid).

3.7.5 *The manipulation of communication*

Habermas situates his analysis of economy and society in terms of how the lifeworld is affected and even distorted by developments in late modern capitalism. In this process the systems that intrude on the lifeworld become anchored and eventually institutionalised within it (Habermas [1981]1996:279). Both state and market systems alter the character of the lifeworld in ways that cannot be mended by welfare state compensations, Habermas argues. Any negative impacts upon the lifeworld must be hidden, which invites distortion, deception and a reliance on false consciousness (ibid:282). In this context, 'communicative actions are increasingly detached from normative contexts' (ibid:292).

These negative impacts must be hidden because governments must foster economic growth, ensure that processes of production address collective needs, and initiate social reforms to address the destabilisation and inequalities inherent in capitalist growth (Habermas [1976]1996:258-259). But it must carry out the latter while not risking further problems in the economy – 'without violating the complementarity relations that exclude the state from the economic system' and yet which render it dependent on the well functioning of that system (ibid:258). Thus the state must use subversive techniques such as manipulation and 'indirect control', with all the disadvantages these terms imply (ibid:259). The state will try to conceal the close relations it has with the capitalist economy, while convincing us that the capitalist

economy is, nevertheless, the best way of satisfying ‘generalizable interests’ (ibid). This might describe the broadly neoliberal approach of successive UK governments in recent decades as they sought to allow ‘the market’ the freedom it wished to expand and grow.

Habermas is sometimes criticised for an idealistic view of the potential for public communicative democracy. Only emancipated societies could engender ‘non-authoritarian and universally practiced dialogue’, leading to true consensus (Habermas [1968]1996:102). Yet an open, rigorous pursuit of knowledge and understanding confronts many obstacles, even in supposedly emancipated societies. This problem contributed to the rise of critical discourse analysis, which aims to reveal the deficits in modern democracies by analysing what discourses conceal.

But Habermas’s idealistic notions are still useful as a standard for clear, transparent communication and informed public debate. Habermas decried the ‘staged or manipulated publicity’ which takes the place of true debate and information-sharing (Habermas [1969]1996:29), and which we can see reflected in the language and tactics of marketing and advertising. In opposition to the conformity and submission cultivated by both the welfare state and market forces, he believed autonomous public spheres should be fostered, with greater citizen participation and restrictions on the media (Outhwaite 1996:217). By comparison, the mediatised public debate on the issues of late modernity, taking place within a weakened public sphere and influenced by the media’s own ideological/financial interests (Habermas [1962]1989:29), falls very short of what we should be aiming for.

Scambler critiques policies to address health inequalities in a Habermasian framework, arguing that they represent

forms of distorted, or systematically distorted, communication. In other words, they are primarily strategic: it is more important politically that they demonstrate a ‘compassionate’, legitimating and vote-culling responsiveness to the lifeworld than that they actually reduce health inequalities’ (Scambler and Scambler in press:15).

How have these communicative distortions happened? For Habermas, the public sphere has been weakened by the rise of ‘societal organisations’ which are economic in nature, but different from those owned by individual autonomous owners or

property holders in the past. The organisations which have replaced such private individuals must 'obtain and defend a private status granted to them by social legislation', defending 'private autonomy by means of political autonomy' (Habermas [1969]1996:28). In this process, organisations must negotiate with the state, 'as much as possible to the exclusion of the public' (ibid:29). Periodically, contentious issues must be resolved and in the political arena, elections must be held. Yet even in these processes, information and communication takes the form of 'staged or manipulated publicity' (ibid).

Alongside this development stands the state's commitment to social welfare. But there is no possibility of open public communication regarding social policies because there are no unmediated channels or forms of communication left; any debate that does emerge is influenced by 'the very organizations that mediatise it' (Habermas [1969]1996:29).

3.7.6 *Citizen and Consumer*

As clients of the state, we are in receipt of benefits or services, but this is split off from the citizen's potential for political participation; similarly, the alienation of labour is alleviated as labourers become consumers (Habermas [1981]1996:290). The compensations of a prospering economy are redistributed in some degree by the state and 'channelled into the roles of consumer and client'; private households become units of mass consumption (ibid:291). This is a systematised form of material reproduction of the lifeworld, with food production, for example, taken out of the hands of individual households. This can engender 'pathologies in the lifeworld' (ibid:317). The changes in diet in recent decades and the omnipresence of processed food arguably constitute just such a 'pathology'; a radical redesigning of the food supply and resulting bodyweights.

Habermas did not theorise food consumption, but he acknowledges the rise of the consumer in the context of the compromises of the welfare state, which alter the relationships between system and lifeworld, and therefore the roles we all have as employees, clients of the state, citizens – and consumers (Habermas [1981]1996:289).

This still results in alienation, which Marx associated with industrialisation, but it is of a different order (ibid).

In the highly empirical world of food production, processing, consumption and regulation, we can see how these developments are manifested: the individual farmers of the past are the agribusinesses of the present, often subsidised in distorting ways by governments; the small grocers of traditional societies are today's large food retailers; the bakers or butchers are the food processing conglomerates.⁴¹ Collectively, these large organisations are significant employers and constitute major economic forces. They are regulated by government agencies, with the usual concerns about regulatory capture which have been identified in late modernity in various domains.⁴² In the case of the UK's Food Standards Agency (FSA), the White Paper which established it in 2000 proposed that the board should include those with a food industry background, with the proviso that their interests should be declared (Millstone and Lang 2008:94). Gradually the number of such board members increased until a 'preponderance' of them had food industry interests (ibid:95).

Additionally, promotional organisations have emerged to inform us which foods are available where, and to convince us to buy them, by appealing to our emotions and lifeworlds. Alongside these are state organisations/campaigns which encourage healthful eating, an idea which is in turn co-opted by the food industry and its promotional operations, which arguably distorts the legitimacy of public health advice (Herrick 2009). In Chapter 5, two marketing studies⁴³ show the paradoxical effect of low-fat foods marketed alongside health images: people tend to over-consume these foods *because* they are described as low-fat and this may be a factor in population obesity.

⁴¹ However, specialist food shops catering to a high status clientele flourish, underscoring the 'classing' of food discussed in the section on Bourdieu.

⁴² For example, a firm lobbying on behalf of agribusiness in favour of GM foods was found to have made changes to a draft report by the government's food regulatory body, the Food Standards Agency (*Observer* 06/06/10). These changes influenced the final report, describing the role for GM foods in keeping food prices down (ibid). These developments led to the resignation of two food regulators, who criticised the close relationship between the FSA and the lobbying firm. This was a case of regulatory capture, although they had resisted capture themselves.

⁴³ Wansink and Chandon (2006) and Geyskens et al. (2007)

3.7.7 *The concept of the foodscape*

To bolster market research, firms have emerged which track our purchases quantitatively, interview consumers for qualitative insights, and advise client firms where to site their products. These organisational activities shape the nature and location of our supermarkets, which are predominantly stocked with processed products. The surrounding foodscape on high streets and other public spaces is constituted by growing numbers of fast food outlets. This expanding foodscape was quantified in a Canadian context, where it was interpreted as an illustration of one of the ‘hyper colonization by pseudo food corporations of the wider societal foodscape’⁴⁴ (Winson 2004:308). Yet the obesogenic foodscape retains what Habermas might call the ‘subjective and accidental character of uncomprehended events’ (Habermas [1981]1996: 312). Constantly spreading into previously non-food areas, it is arguably not fully grasped by anyone – not by researchers, not by public health experts, nor governments.

As the concept of the foodscape has been raised repeatedly in this thesis, and can be interpreted as a key and evolving feature of the lifeworld, it is worth investigating in more detail in the present discussion.

In the introductory chapter, I noted the use of the term by Winson (2004). Observed only occasionally in the literature between 2000 and 2008, it is employed in journal articles five times in 2009, 15 times in 2010 and 12 times in 2012 (as checked on Scopus in January 2013). Winson defined the foodscape as ‘the multiplicity of sites where food is displayed for purchase, and where it may also be consumed’ (Winson 2004:301). He lists its differing manifestations in supermarket chains, fast food outlets, independent supermarkets, independent restaurants, specialty food shops, local (though increasingly corporate-controlled) convenience stores, farmers’ markets and street food (ibid:302). But the list is not and cannot be exhaustive, as the foodscape is constantly expanding (ibid), a theme I explore in Chapters 5-7 in both text and

⁴⁴ Winson terms foods high in fat and sugar but low in nutrients ‘such as protein, minerals and vitamins’ as pseudo foods (Winson 2004:302).

photographs. Winson also takes note of the expansion of corporate food into public spaces such as hospitals, schools and transport hubs.

By 2011, Mikkelsen ‘introduces’ foodscape studies as a vital tool ‘to improve our understanding of the impact of food environments on our behaviour’ in a guest editorship of a special issue of *Perspectives in Public Health* (Mikkelsen 2011:206). For him, the foodscape has two ‘trajectories’: the commercial, encountered in food service outlets, and the ‘public yet captive trajectory that we meet in schools, hospitals and workplaces’ (ibid). He notes that methodologies for tracking what is going on in the foodscape are continually improving, citing ethnography, photography and GIS (geographic information systems). All these are discussed in Chapters 5-7.

Most studies of the foodscape have been qualitative but Mikkelsen finds scope for quantitative research in identifying determinants and predicting behaviour (ibid). However, quantitative research which could track the rate and type of expansion of the food supply is still lacking. I note dimensions of its expansion in London, where I live, and where I have observed and photographed the recent appearance of vending machines and hutch-style food outlets in public spaces and non-food shops which did not previously have them (see Chapters 5-7). I also cite examples of fast food companies announcing their expansion plans (see Chapter 5, pp.158-159). But these are random samples of an observed phenomenon which has not yet been scientifically tracked (though food company and market research firms doubtless possess much relevant data). Indeed, the absence of such tracking and the potential benefit of it is a finding of this thesis. Such data would provide useful insights into any association between an increase in the food supply and food consumption patterns; apparently, the physical presentation of food provides the visual cues for the desire for foods so vital to their purchase, as described in discussions of food marketing in Chapters 6 and 7. If the food supply is expanding, how can the voluntary effort by food providers to reduce the calorie content of food be assessed? Increasing the number of food outlets expands the cues or ‘nudges’ to purchase; such ‘nudging’ is a strategy pursued by food marketers for years, as they freely acknowledge (see Chapter 1, pp. 10-11).

In Habermasian terms, the expansion of the foodscape, especially by foods high in fat, salt and sugar into previously non-food spaces, is one way in which food lifeworlds can be colonised.

3.7.8 *Resisting lifeworld colonisation*

Following the original dislocating experience of lifeworld colonisation, and the absorption of these dislocations into the lifeworld, how can people perceive the activities or effects of systems which have become so embedded that their origins or predecessors are forgotten? How can they become conscious of these distorting systems, communicate about them, or seek to change them? The deception inherent in these systems engenders *self*-deception, which 'can gain an objective power in an everyday practice' (Habermas [1981]1996:313). For Habermas, the issue becomes how to defend and restore 'endangered ways of life' (ibid:323).

Attempts to colonise the lifeworld have not gone unchallenged. In *The Theory of Communicative Action*, Habermas traced the 'reevaluation of...decentralized forms of commerce...[which are] meant to foster the revitalization of possibilities for expression and communication which have been buried alive' (Habermas [1981]1996:326). He also lists social movements during the past 200 years which were a response to attempts to colonise the lifeworld (ibid:325). More recently, the popularity of organic foods, farmers' markets, box delivery schemes, local food movements, anti-GM protests, the campaign to improve school meals, some academic research and an array of popular books critiquing the food industry can all be seen as challenges to the colonisation of food lifeworlds by agribusiness and corporate food retailing.

Those challenging supermarket/food industry provision have become 'drastically aware of standards of liveability, of inflexible limits to the deprivation of sensual-aesthetic background needs' (Habermas [1981]1996:325). This notion of how colonisation of the lifeworld can be resisted recalls Foucault's idea that even a dominant discourse does not block out opposing voices but can actually give rise to them. The image of the lifeworld penetrated by systems which create a degree of dissonance sufficient to provoke opposition illustrates how even hegemonic discourses can be opposed and, over time, their hold weakened. However, alternatives to

supermarkets and processed foods remain minor players in overall food consumption and can themselves be colonised as emerging trends with sales potential.

Nevertheless, the colonisation and fragmenting of lifeworlds can provoke objections to these intrusions and generate revitalised possibilities for 'expression and communication that have been buried alive' (Habermas [1981]1996:326). Curiously, as part of this process, Habermas champions the opening up of public services in ways which will make them more like self-help organisations, especially in health and social policy (ibid). This seems reminiscent of the coalition government's 'Big Society' theme in which a spirit of voluntarism among citizens takes over some tasks previously performed by the state. It fits a neoliberal agenda – one with which Habermas would surely not have wished to be identified. Writing in the early 1980s, he was concerned with a surveilling, regulating state. Now he might focus on a surveilling, lobbying, regulation-resisting commercial sector operating at levels of technical sophistication and resources far beyond those of the state, and with goals which may conflict with public health goals.

The state's retreat from regulation happened most notoriously in recent decades in the financial sector, but is also now in evidence in the case of food regulation, with the FSA's role reduced, now focused on monitoring food safety. Voluntary schemes which seem unlikely to reverse major public health problems are the current focus of government food policy.

3.8 Conclusion

In theorising health inequalities, Scambler advises that no new theory is required, but rather a 'reflexive revisiting of what is already known'. He recommends 'meta-reflections, or thoughtful, independent-minded and critical reassessments of the received theoretical and empirical wisdom delivered by today's dominant paradigm' (Scambler and Scambler in press:19). In this chapter I have attempted to do just this, testing differing theories of class, human agency and consumption in the context of food consumption and its implications for health.

In sifting through theoretical perspectives which have shaped understandings of food consumption, the one with the most impact outside the academy – that of Giddens – is the most problematic. Where food consumption is concerned, his concepts of reflexivity and structuration do not consider the food industry and food marketing as key influences, alongside class, on individual ‘choice’; although he acknowledges the ‘forces of commodification’ in shaping consumption in general (Giddens 1994:101).

But Giddens’s thinking strengthened the lifestyles/personal responsibility discourse without illuminating the structural reality. For a more nuanced and accurate picture, we needed an understanding of Bourdieu’s habitus and Habermas’s lifeworld, with its colonisation by distorting, disembedding forces.

Bourdieu’s theoretical work was closely linked to his empirical investigations of how people of differing social backgrounds live, eat and work. Habermas revealed the power of manipulation and the linked role of technology in distorting the clear communication of information as this would unfold in an ideal democracy, although he was more focused on manipulation by the state than by capital. Nevertheless, his theorising comes closest to illustrating the power of marketing and helps to explain the paradox in which a society which insists on individual responsibility for diet and health is also able to trace food consumption patterns and their bodyweight and health consequences via social strata.

Habermas (1981) holds out some hope for those who challenge prevailing power networks and systems; Bourdieu exhorts us to do so (2003). Bourdieu’s work, building on Marx’s insights, also uncovers the embedded ways in which our food practices throughout life are shaped by our social and bodily environments. But they are also shaped by the way food is produced: food regimes research showed the value of grounding an analysis of food consumption in the first stage of food production – agriculture – because of the ways it has consolidated and developed in a neoliberal era, dramatically altering the nature of the food supply and the power of agri-business.

Savage has urged researchers to find ‘more effective ways of drawing out the implications of different kinds of empirical research for class analysis’ while fully theorising developments (2000:ix). I have attempted to do this by linking theoretical

and empirical contexts in this chapter. It is a call broadly echoed by Crompton, though she valued existing methodologies in pursuing such research, differing with Savage on the individualisation approach for class analysis (Crompton 2008b:149-150) and the validity of transactional data in a geodemographic context; she recommended continued use of occupational class measurements (Crompton 2008a:1221). These will be used in the following chapter, which reviews both social and health epidemiology, as well as sociological reflections on food consumption and health. Both Crompton (2008) and Edwards (2000) see a role for linking analyses of consumption and social class; this, too, appears in the following chapter.

In all the analyses of social class encountered during my research – including conflicts over the term itself and even dismissal of the concept of class – perhaps the one that best articulates the way ahead is a definition of habitus proposed by Atkinson:

the complex of durable cognitive and corporeal dispositions, tastes and schemes of perception possessed by each agent...generated out of the particular class of conditions of existence...associated with one's relative position in social space as measured by the level of economic and cultural capital they hold. Those possessing similar levels and types of capital are subject to similar conditions of existence and, therefore, possess similar habitus and lifestyles (Atkinson 2007:545).

This definition takes in the role of cultural practices as well as economic and social resources and constraints, and outlines one vision of what class has become and how it is produced in a neoliberal age. In subsequent chapters it will be uncannily reflected in marketing and food science analyses of how tastes and consumption patterns are formed.

Shared social backgrounds, resources and conditions of existence – even inequality itself – are all functions of the role of capital in consumption and governance, influencing the degree of both receptivity and exposure to certain types of information, and the varying capacity of individuals and groups to use that information to change their lives. In this sense, socio-economic status is not merely another way of measuring social class effects; it is a product of social class, which in turn is a product of capital and those who control it and regulate it in its current political and global context (to paraphrase Scambler 2012, citing Coburn 2009).

An exploration of the theoretical basis for this claim underlies the challenge to explanations of individual responsibility for one's social position, development and achievements (Savage 2000:44); it is also resonant in the context of healthy eating discourse, in which the term 'choice' is prominent and people are urged – for the most part, ineffectively – to adopt a healthy diet.

Scambler, in critical realist vein, urges researchers to seek out mechanisms which help to explain 'not only capitalism's deepest contradictions but the contradictory ways in which different classes, groups and individuals understand, forage and subsist in its lifeworlds' (Scambler and Scambler in press:12). In the present research, the next step in this process is to examine the empirical evidence for the diet-class-health link, which is the subject of the following chapter. Examples are also given of how some academic research which finds a popular audience can reinforce the predominant individual responsibility discourse where diet is concerned, influencing public policy and public understanding.

Subsequently, the food industry's attempts, via market research, food product development, and food marketing, to segment and serve very distinct consumption patterns will be described. In this way, the effects of both the 'demand' side of my research question via food consumption, and its 'supply' side via production by the food industry – and the ways in which they interact – will be explored and brought together.

Chapter 4: The evidence for a diet-health-class link – A Literature Review

4.1 Introduction

‘Poor diet is known to influence the risk of cancer, heart disease and other conditions...around 70,000 fewer people would die prematurely each year in the UK if diets matched the national guidelines on fruit and vegetable consumption, and saturated fat, sugar and salt intake’ (Cabinet Office Strategy Unit 2008:ES.11).

‘[Socio-economic position] shapes people’s experience of and exposure to virtually all psycho-social and environmental risk factors for health – past, present and future – and these in turn operate through a very broad range of physiological mechanisms to influence the incidence and course of virtually all major causes of disease and health’ (House and Williams 2000 cited in Graham 2007:112).

In challenging the personal choice/individual responsibility discourse where diet is concerned, I have tested various social theories for their analysis of the role of social class in shaping patterns of food consumption, and the intricate relationship between state, capital, the potential for manipulating information, and the shaping of individual lifeworlds. Widely varying capabilities, resources and behaviours result from these interacting influences.

What is the outcome for health? In this chapter I investigate the many studies of food consumption and its impact on health. Because the relationship between obesity and health risk has dominated discourses regarding food consumption in both the media and public policy, I will focus initially on the evidence for the obesity-health link, as well as the social gradient for obesity. However, I will also examine non-obese diet-related health problems and the social gradient of such outcomes.

In addition, I look specifically at academic research which has crossed over into popular books and widespread media coverage, such as that by Christakis and Fowler and their work linking obesity to social networks but without considering social class. Alongside other popular academic works such as ‘Nudge’ by Thaler and Sunstein, and a popular but highly ideological review of academic research on social behaviour by Brooks (2011), such research strengthens the individual responsibility discourse; all these studies have been embraced by British politicians and, as cited in Chapter 1, even the Department of Health itself; they are clearly an influence on public policy. They are therefore relevant in the context of this thesis.

Finally, research in an international context showing links between political ideology, history and health outcomes, is cited for its capacity to contradict the individual responsibility discourse by illuminating underlying structural factors. This chapter, then, gives a comprehensive empirical grounding to the theoretical insights of Chapter 3 and provides a challenge to the discourse of healthy eating as something that is a matter of individual responsibility by making clear the ideological and class-mediated nature of food consumption patterns.

Graham, a sociologist of health inequalities, notes that it is usually the deficits experienced by lower status groups which are the focus of research, rather than the advantages of privileged groups (Graham 2007:35). This observation is pertinent to this thesis; while there is a relationship between obesity and deprivation, obesity is significantly present in all social classes, according to various measurements (National Obesity Observatory (NOO) October 2010). As Skeggs proposed (Chapter 3), reflexivity is characteristic of only a section of the population – indeed, only a section of the middle class. In subsequent chapters, food marketers describe the conflicted nature of affluent consumers, who say they are interested in healthy eating, but also consume ‘indulgent’ foods (marketing-speak for foods high in fat, salt and sugar (HFSS)). Along the lines of Skeggs’s proposition, marketers identify only a subset of consistent health-seeking behaviour.

Many studies cited in this chapter speak uncritically of measuring reported food intake, bodyweight, body mass, exercise levels, levels of bodyfat, blood sugar, blood lipids, etc. However, some sociologists have critiqued these approaches, building on Foucault’s analysis of surveillance and the clinical gaze (Annandale 1998); sociologists who challenge obesity discourse do so forcefully. Clinical assessment and categorisation by bodyweight can be viewed as intrusive. New technologies which bypass the need for unreliable subject reporting of food intake will only strengthen these critiques. Health promotion itself can be seen as an aspect of surveillance (Armstrong 1995 cited in Nettleton 2004). While acknowledging the role of these critiques, it is not possible to enter into a discussion of public health surveillance of food consumption in this thesis, for reasons of space and remit. However, it is reflected in my analysis of the obesity critique.

Commercial surveillance of food consumption has received much less scrutiny than public health monitoring of bodyweight. Yet a relationship has emerged between health research, health promotion and commercial marketing research techniques. Trans-national 'data houses' which build consumer profiles for sale to retail clients, including food retailers, also collect data on food consumption in a health/illness context, by neighbourhood – again, for sale to clients – but in this case, the clients are mostly state healthcare organisations. Thus we are under the gaze not just of the state healthcare system, but also of large corporations which track our diet and predict our health for the purposes of selling this information both to food companies and to the government.

Although much research continues to be devoted to detecting the biological pathways for illnesses which might be diet-related, some resistance to the association between obesity and ill health has been mounted by sociologists. The discourse of obesity as a health risk is pervasive; it dominates health discourse in the media and in politics. But if there are truly gaps in the evidence base, as some critics allege, (Rich et al. 2010, Monaghan 2005, Aphramor 2005, Rich and Evans 2005, Jutel 2006), then this needs to be addressed at the outset.

4.2 *Challenging the Weight-Health Link*

The challenge posed by these researchers takes place in the context of an emerging size acceptance movement, both inside and outside of the academy. This movement mobilises efforts to defend fat people against stigma and discrimination, critiques the manipulations of the weight loss industry and develops the idea of fatness as a legitimate choice and bodily experience. Two British sociologists eloquently argued this case at the 2011 British Sociology Association conference (White 2011 and Cooper 2011). A number of books on the subject indicate the popularity of this critique (Bacon 2008, Harding and Kirby 2009, Wann 1998, Braziel and LeBesco 2001, Gaesser 2002, Campos 2004, Bovey 2000, Cooper 1998).

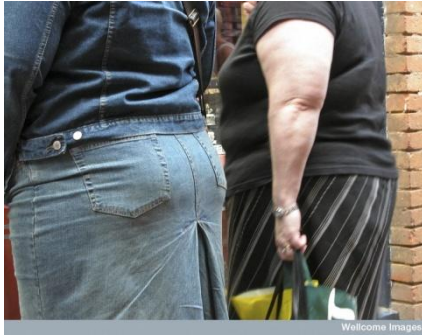


Figure 3: Images like these illustrate media reports of obesity and obesity discourse itself. They arguably represent and reinforce the size-related stigma which the size acceptance movement challenges. Photograph © Wellcome Images.

For critics of obesity discourse, this kind of image is a visual reminder and reinforcer of the stigmatisation of those with large bodyweights, showing a 'not-so-hidden disdain of fat people, whose corpulent if often faceless bodies are regularly in the camera's eye' (Guthman and Dupuis 2006:436).

Even among those who acknowledge the validity of obesity health warnings, some concede that 'strategies for dealing with it [the obesity epidemic] are not working and may be counterproductive' (Blair, unnumbered introductory page, endorsing Bacon 2008). Blair, a professor of public health and preventive cardiology, suggests size acceptance might be more effective, alongside exercise and healthier diets. Monaghan, a sociologist, questions warnings of the dangers of overweight and obesity, believing them to be the result of the social construction of fatness as a public health issue (Monaghan 2005:303). He is highly critical of the crisis nature of the discourse, which 'legitimises potentially harmful calls to action' (ibid:304).

Monaghan detects a misuse of power, both by medicine and the weight-loss industry, with its gym memberships⁴⁵, low-fat foods and diet clubs; together they have a vested interest in continued warnings of the health risks of obesity (Monaghan 2005:312). He does not mention the use of drugs to treat obesity, yet this, too, has been a notable trend:

In 2006, 1.06 million prescription items were dispensed for the treatment of obesity... more than eight times the number prescribed in 1999...In 2006, around 73% of prescriptions were for Orlistat and 25% prescriptions were for Sibutramine, the two main drugs used for treatment of obesity (NHS 2008:iii).

⁴⁵ Between 2006-2011 the UK's health and fitness industry grew by over 17%; it was set to be worth £2.66bn by the end of 2011. Membership of private clubs grew by 13% to a 2011 total of 5.33m members in 2011. The industry is expected to grow by 10% by 2016 (*Marketing Magazine* 03/08/11).

That increase in prescriptions since 1999 was rather steeper than the rate of increase in obesity, which raises the questions about whether these drugs work. If so, why hasn't obesity decreased and why are obesity-related diseases predicted to continue to increase? Were the drugs being over-prescribed? In fact the prescribing trend subsequently changed, decreasing for the first time in seven years (by 24%) between 2009 and 2010. This probably reflects the withdrawal of two obesity drugs, Sibutramine and Rimonabant, by European regulators, following concerns over an increased risk of heart attacks and strokes (NHS 2012:52).

Bariatric surgery for weight loss has also increased, more than doubling from 2006-07 to 2008-09 (from 1,951 procedures to 4,221) (NHS 2010:7).

Monaghan points out weaknesses in the research on which health warnings rest, concluding that the science on disease-weight links is equivocal (Monaghan 2005:204). For example, one study finds that excess weight is not associated with excess mortality (Flegal et al. 2005 cited in Monaghan 2005:305); others (from 1987 and 1999, cited in Monaghan 2005) show health advantage in those who are moderately overweight. Given increased life expectancy during the past 30 years in many developed countries, a period in which overweight and obesity increased dramatically, it is clear that populations are still living longer on the whole – and longer than leaner people did 30+ years ago (Gregg et al. 2005 cited in Monaghan 2005:308).

For obesity discourse critics, it is not that a higher than optimal weight (even by the contested BMI measurements) does not have the potential to affect health beyond a certain point, which may vary for individuals; but rather, the way it is assessed may result in inappropriate recommendations to groups not well measured by BMI categorisations. These may include not only older people and fit 'overweight' people but also some ethnic groups (Munro-Wild and Fellows 2009).

My review of obesity research published since Monaghan's 2005 article confirms that there is some uncertainty in the epidemiology. While obesity is generally thought to constitute a heightened health risk, there are several exceptions to this, and epidemiologists regularly admit that there is much to be learned about the relationship between bodyweight and disease risk. A series of systematic reviews in *Obesity*

Reviews, the journal of the International Association for the Study of Obesity, has found that:

- Mortality rates are lower in aerobically fit individuals with a high BMI than in normal weight people with low levels of fitness (Fogelholm 2010). However, a high BMI significantly increases the risk and prevalence of type II diabetes (ibid).
- BMI measurements are too rigid for people over the age of 70: overweight people aged 70-75 were found to have lower mortality risk than those of normal or low weight, though both extreme obesity and sedentariness posed an extra risk (Flicker et al. 2010:234). Overweight may offer some protection in old age even for those with chronic illnesses such as heart disease, possibly because of the 'metabolic and nutritional reserves' it gives them (2010:238). A 2012 systematic review of 312 studies confirms that finding, concluding that BMI standards for younger people cannot be meaningfully applied to older people, and that waist circumference measuring abdominal fatness is a better indicator of health risk among the elderly (Donini et al. 2012:96). Much remains to be learned about the relationship between weight, fatness and mortality risk in this age group (ibid).
- An increase in BMI *can* indicate an increase in lean body mass rather than an increase in fat (Canoy and Buchan 2007:3).
- While obesity is a risk factor for cardiovascular disease, obese people *can* be metabolically healthy. More specifically, excess central adiposity (fat around the waist) is associated with a significant increase in heart disease risk (Iacobellis and Sharma 2007). This study calls for a reappraisal of the heart disease-obesity relationship (ibid).

Aphramor, a research dietician, critiques the evidence base for clinical guidelines on obesity and urges governments to address underlying social injustices rather than focusing on weight (Aphramor 2005 cited by Monaghan 2005:308). Huizinga et al. (2009) found that physicians were less respectful of patients with a high BMI, and ask whether this affects quality of care.

The World Cancer Research Fund has acknowledged the role of body composition and body fatness as distinct from the BMI, and notes that internationally, 'the healthy ranges of BMI varied between populations' (WCRF 2007:212). By contrast, waist circumference usefully measures both subcutaneous and intra-abdominal fat stores: the size of the latter predicts the risk of chronic diseases such as metabolic disorders and cardiovascular disease better than overall indicators of body fatness, such as subcutaneous fat measures or BMI (WCRF 2007:213). In the UK, NICE guidelines since 2006 advise that waist circumference should be measured along with BMI in assessing weight-related health risks (NICE 2006). The WCRF cautions that self-assessed bodyweight tends to be underestimated (WCRF 2007:214).

Jutel is critical of the health value placed on thinness and, suspicious of the overweight-disease link, shows via a content analysis of medical articles that overweight is itself becoming a disease entity (Jutel 2006:2268-70). She speculates that BMI measurement may have contributed to this phenomenon and traces its emergence in 19th century practice and ideas; a quantitative 'certainty', it enabled doctors to disregard unreliable patient reports of diet/exercise (ibid:2272), a purpose it could still serve, as unreliability on this point remains a concern. Like Monaghan, she critiques the medical and social construction of the ideal body, which 'underpin[s] a multi-billion dollar diet, gym, self-help, television and pharmaceutical approach to weight maintenance' (Jutel 2006:2275). Monaghan finds the medical profession guilty of 'fat bigotry', especially against those of 'inferior social status' and argues that levels of fitness achieved by overweight and obese people should be acknowledged (Monaghan 2005:308). Jutel urges healthcare practitioners to help people to change their diets and exercise, but without focusing on weight loss per se (Jutel 2006:2275). This view contrasts sharply with the fitness-weight loss discourse, and is worth investigating in some detail.

4.3 *Fitness, obesity and health*

One way of understanding the implications of large bodyweights is by examining the costs of associated health conditions. A recent study ranked physical inactivity lowest (after poor diet, high alcohol consumption and smoking) in terms of its cost impact on the NHS. The authors concluded that for 2006-2007:

the largest economic burden to the NHS is due to poor diet [£5.8bn] and much of this food-related burden is due to overweight and obesity. Physical inactivity asserts a considerable burden on the NHS [£0.9bn], but not as high as other behavioural risk factors (Scarborough et al. 2011:531).⁴⁶

Research by Wilkin and colleagues (for which Wilkin has been a public spokesman⁴⁷) showed that exercise was not effective in achieving weight loss among 200 children in a longitudinal study (Metcalf et al. 2008 and 2011). They did, however, find that exercise improved the children's metabolic health.

⁴⁶ Scarborough et al. 2011 acknowledge some uncertainties in the 'population attributable fractions' used to determine these costs.

⁴⁷ As in 2010 BBC Radio programme: http://www.bbc.co.uk/radio4/science/casenotes_tr_20080122.shtml; <http://www.bbc.co.uk/news/10545542>

Gaesser points to the health risks of dieting, apart from the tendency of diets to fail, sooner or later (Gaesser 2002 cited in Monaghan 2005:310). People should be encouraged to adjust their diets and undertake moderate exercise to improve their metabolic health, but not to lose weight per se (Gaesser 1998 cited in Monaghan 2005:311).

What do large scale studies say about fitness, obesity and health? A study of 115,000 US nurses (Hu et al. 2004) found that obese but active women had a lower mortality rate than obese but inactive women, but higher than normal weight, active women. Lean, inactive women were also at higher risk than lean, active women. 'This data does not support the hypothesis that if you are physically active, you don't have to worry about your weight' (Hu cited in *Guardian* 09/03/10). However, exercise does reduce mortality risk even among the overweight.

Sui et al. (2007) carried out treadmill fitness tests on 2,600 people aged 60+ rather than using self-reported fitness levels. Results showed no definitive link between overweight and higher mortality, though an inverse relationship was observed between levels of fitness and obesity: 'As you progress towards overweight, class I obesity and class II obesity, the percentage of individuals who are fit does go down. But...among class II obese individuals (BMI 35-39.9), about 40-45% are still fit...we typically see higher rates of mortality, chronic diseases, heart attacks and the like, in people with high BMI...But when we look at these mortality rates in fat people who are fit...the harmful effect of fat just disappears' (Blair, a contributing author, cited in *Guardian* 09/03/10). Hu et al. would dispute this, citing several studies which disprove such claims (Hu et al. 2004:9)⁴⁸. Sui et al. admit that their study participants were mostly white, educated and middle class or higher, and that this might have skewed their findings (Sui et al. 2007:2515). They were also unable to track diet or medication (ibid). They do, however, rely on a more objective measurement of fitness (treadmill tests) than the Hu study, which based its findings on self-reported exercise. Such data may be unreliable. Nevertheless, both studies find significant value for exercise in reducing illness and mortality risks, even if bodyweight is not affected.

⁴⁸ Blair acknowledges that he has received honoraria for board membership and research grants from the US fitness company Jenny Craig (Sui et al. 2007:2515)

A 2008 study of 39,000 women, none of whom had coronary heart disease at the outset, found that overweight-active women were 54% more likely to develop heart disease, and obese-active women had an 87% greater risk, compared to normal weight-active women over a 10-year period (Weinstein et al. 2008; fitness was self-reported). They concluded that 'the risk of CHD associated with elevated body mass index is considerably reduced by increased physical activity levels. However, the risk is not completely eliminated, reinforcing the importance of being lean and physically active' (ibid:884).

If physical activity is effective in lowering health risks even among the overweight, how likely is it that this group does exercise? The Health Survey for England 2008 shows that self-reported levels of physical activity were higher for those of normal BMI than those considered according to BMI measurements to be overweight or obese (HSE 2008:21). There is also an association between low levels of physical activity and a 'raised waist circumference' (> 102cm in men, > 88 cm in women; HSE 2008:100). This in turn is associated with a higher risk of metabolic syndrome⁴⁹, including heightened risk for type II diabetes and heart disease (HSE 2008:184).

A study of 2,000 adults by the Chartered Society of Physiotherapy (2009) found 63% admitted they do not do the recommended exercise. Devices which record exercise are beginning to allow researchers to verify self-reported fitness efforts, and they are found to be much lower in actuality. A Canadian study which fitted accelerometers onto nearly 2,800 adolescents found that all participants over-reported their exercise activities; those who were the most inactive were also more likely to over-report exercise (Leblanc and Janssen 2010).

⁴⁹ The HSE defines metabolic syndrome as 'a combination of medical disorders that increase the risk of developing cardiovascular disease and diabetes. The disorders include central obesity, abnormal fat levels in the blood which can lead to arteriosclerosis (fatty plaques) on the walls of blood vessels, high blood pressure and insulin resistance or glucose intolerance' (HSE 2008:19). However, although the concept of abnormal metabolic measurements and disease risk have been associated for decades, differing definitions and sets of criteria developed under the label 'metabolic syndrome'; this provoked much debate (Nichols 2006 <http://www.medscape.org/viewarticle/540923> (no page number; this is an online article, not paginated and not available as a pdf). But by 2009, a 'harmonization' of the two most widely used definitions required three out of five criteria ('population and country specific waist circumference, triglycerides, HDL cholesterol, blood pressure and fasting blood glucose') to be met (Thankamony et al. 2011:301).

There is some dispute over the extent of the mitigating effect of fitness on health risk. However, a review of the research highlights the potential for public health discourse and practice to shift the focus away from weight loss, as it rarely succeeds on its own in this endeavour,⁵⁰ and towards the health benefits of exercise.

4.4 Evidence for obesity and disease risk

Much of the academic literature trawled for this thesis, as well as health charities' research and advice, refers to an obesity-ill health link. Monaghan (2005) targets the taken for granted nature of a problem which he believes needs to be much more intensively researched before specific aetiologies can be established. Even then caution is indicated. He notes that many risks, illnesses and deaths are '*attributed*' to excess weight (author's italics) yet such assessments are 'scientifically indeterminable' (Monaghan 2005:304). In fact, much clinical research and many recommendations from health charities speak of obesity as *a* risk factor rather than *the* cause of illness or death; or studies note correlations or associations between obesity and disease. Epidemiologists admit to the limitations of the data and the need for further research, though these reservations do not always find their way into the broader discourse on obesity.

While acknowledging the potential for inconsistencies in the data, many links have been found between bodyweight and illness risk.

Huda et al. (2006), reviewing 289 studies, find that obesity is linked to a higher incidence of Type II diabetes. Narkiewicz's review of 53 studies finds that most patients with hypertension are obese, and that assessing blood pressure and organ damage in obese patients with hypertension is more difficult than in those of normal weight (Narkiewicz 2006). Obese hypertensives respond less well to treatment than those of normal weight, with blood pressure harder to control (Narkiewicz 2006: 155,160). Obesity 'appears to be the most important risk factor for hypertension' (ibid:160); prevalence of hypertension increases with age and increase in BMI. This is backed up

⁵⁰ Weight loss programmes are often not effectively evaluated because of insufficient staffing and budgets (NOO cited in House of Lords 2011:43).

by McNaughton et al. (2008), who also found an association between adult diet and BMI, waist measurement and blood pressure.

Canoy and Buchan's review finds that 'BMI correlates reasonably well with body fat mass and the risks of obesity-related diseases' (Canoy and Buchan 2007:1). Previously we saw the WCRF's link between low levels of physical activity, raised waist circumference and diabetes; Narkiewicz (2006) additionally notes the association between central (waist) obesity and both cardiovascular and metabolic risk factors; lower body obesity is less of a health risk. A later WCRF report (2010) reaffirmed the cancer risks (bowel, breast, endometrium and pancreatic) associated with larger waistlines; in England 44% of women and 32% of men have raised waist measurements, placing them at increased risk. In 2011 the WCRF warned that about 43% of the UK's bowel cancers (17,000 cases per year) could be avoided with lower consumption of meat and alcohol, sufficient activity and healthy bodyweights (*Guardian* 23/05/11). A 2011 review of several studies tracking over a million people found little connection between fruit and vegetable consumption and cancer risk among those who were well nourished, though the author acknowledged that the studies were retrospective, perhaps weakening recall of past diets (Key 2011). There *was* some potential benefit of increasing intake among those with the lowest intakes, though the conclusion was that obesity was a more important risk factor. The author recommended at least five portions of fruit/vegetables per day to assist weight loss and as substitutes for unhealthy foods. The benefits for overall health were also noted (Key 2011).

Even those of normal weight who have hypertension are eventually more likely to gain weight; the obesity-hypertension association is a 'two-way street' (Narkiewicz 2006:156). His review concludes that weight reduction is linked to reduced blood pressure, possibly because of accompanying reductions in sodium intake. Even if weight loss is not achieved, decreasing saturated fat intake will lower blood pressure.

Canoy and Buchan note an increase in soft drink consumption in the USA between the 1970s and 1990s, which is associated with an increase in obesity (Canoy and Buchan 2007:3); this is confirmed by the 2004 Nurses Health Study and a study by the Harvard

School of Public Health (Malik et al. 2010) which further associate soft drink consumption with an increased risk of Type II diabetes with daily consumption of sugary drinks. In the UK, sales of soft drinks rose in 2010 by 7.5%, totalling £9.4bn (*Guardian* 23/03/11).

A National Heart Forum report analyses Health Survey for England data (1993-2007), which used 'the most recent disease incidence, prevalence, mortality and relative-risk statistics' and warned of significant increases in what it considered to be obesity-related diseases among adults, especially vascular disorders but also 'arthritis, coronary heart disease, diabetes, gall bladder disease, hypertension, stroke and the following cancers: breast, colorectal, endometrial, kidney, oesophageal and liver' (Brown et al. 2010: 1,2). This is in line with the prediction of an increase in obesity overall, morbid obesity, and a decline in normal weight in the adult population (Brown et al. 2010). The authors conclude:

the number of normal weight individuals is inexorably falling, those overweight remaining broadly steady and those obese rising. Of equal concern is a significant rise in rates of morbid obesity BMI>40 which have extremely high associated disease risks. These predicted levels of obesity will lead to significant rises in the levels of vascular diseases. Though not calculated here this will create substantial resource implications for both the NHS and the wider society (Brown et al. 2010:15).

It is worth examining BMI-related disease rates in greater detail. The cases of CHD, diabetes and hypertension numbered approximately 2,000, 3,200 and 5,800 (approximately 11,000 in total) respectively per 100,000 in 2010 (Brown et al. 2010:9). All these disease rates, along with the others the authors investigated, are expected to continue to increase; the three selected for highest incidence are predicted to (collectively) reach approximately 18,000 per 100,000 by 2050. Together with the other diseases investigated, nearly 20% of the population could have a 'BMI-related disease' by 2050. This is highly significant, but these figures are below the overall incidence of obesity both now and in terms of future predictions. By 2020, 41% of men and 36% of women aged 20-65 are expected to be obese; another 40% of men and 32% of women are expected to be overweight. Even the much increased combined disease rate of 20% by 2050 is somewhat lower than even those 2020 obesity predictions. While a time lag in disease experience and diagnosis will be a factor, it

seems that weight beyond the BMI normal range is a risk factor but not a determinant of such disease.

However, research continues to reveal risks for a range of additional health problems linked to obesity. For example:

- **Pregnancy risks:** there is widespread recognition of the increased risk to obese women in pregnancy. A systematic review of 84 studies of over one million women concluded that obese mothers have an increased risk of early preterm birth and even in full term births, an increased risk of extremely low birthweight babies (McDonald et al. 2010). Pregnant obese women should be referred to specialist rather than midwifery care because of 'possible co-morbidity' ; there is a growing demand for such specialist care as obesity increases among pregnant women (Smith et al. 2010:10). Guidance from NICE (July 2010) advised that women with a BMI of 30+ should be informed of the benefits of losing weight of at least 5-10% prior to pregnancy (or, if they are already pregnant, after giving birth, since dieting while pregnant is inadvisable).
- **Arthritis:** among adults, obesity is cited as a major risk factor in osteoarthritis of the knee (Arthritis Care 2010). For every pound of weight lost by overweight or obese people with knee osteoarthritis, there is a four-pound reduction in 'knee stress' (ibid). Even moderate overweight can strain weight-bearing joints, worsening osteoarthritis after it has developed. Arthritis Care (2010) advises a healthy diet, avoiding foods high in fat and sugar. Wearing et al. (2006) recommend more research into the effect of childhood obesity on the musculoskeletal system, given the findings to date regarding risk of injury and functional impairments. Overweight could contribute to a loss of physical function simply because of the difficulties in moving and the strain on joints (Flicker et al. 2010:239).
- **Liver disease:** obesity is one of the three main factors in liver disease (third after alcohol consumption and hepatitis B and C; Moore and Sheron 2009). Liver disease is mostly avoidable with a moderate alcohol and food intake and avoidance of hepatitis infection. Public health efforts should tackle all three, given a six-fold rise in liver disease in the past 35 years (ibid:31). A lack of awareness of the obesity-liver disease link is considered to be a factor in undiagnosed cases.
- **Cancer:** in addition to the National Heart Forum research which also spoke of the cancer-obesity link, a review by the WCRF (2007) examined 950 research papers and concluded that alcohol consumption, sedentary lifestyles and overweight increased breast cancer risk. The WCRF review concluded that:

The evidence that greater body fatness is a cause of cancers of the oesophagus (adenocarcinoma), pancreas, colorectum, breast (postmenopause), endometrium, and kidney is convincing. Greater body fatness is probably a cause of gallbladder cancer, both directly, and indirectly through the formation of gallstones. There is also limited

evidence suggesting that greater body fatness is a cause of liver cancer. The evidence that abdominal fatness is a cause of colorectal cancer is convincing; and abdominal fatness is probably a cause of cancers of the pancreas, breast (postmenopause), and endometrium. By contrast, greater body fatness probably protects against premenopausal breast cancer (WCRF 2007:228).

A more recent study underlines the breast cancer-postmenopausal link: raised hormone levels (higher 'circulating concentrations of oestrogens and androgens') are present in postmenopausal obese women, and this is thought to be the reason for higher levels of breast cancer in this group (Key et al. 2011:709).

- Incontinence: overweight and obesity are associated with incontinence in middle aged women (Mishra et al. 2008).

It seems unwise to dismiss the evidence linking obesity with a range of illness risks, given these epidemiological investigations. But how has obesity grown in recent decades? In the next section evidence for increased bodyweights is examined.

4.5 *Obesity, gender, age and class*

Progress in understanding the mechanisms underlying illness risk and bodyweight should be seen in the context of the increase in obesity prevalence. In England, it 'rose three- to fourfold across the two decades from 1980' among adults (Bajekal et al. 1999 cited in Canoy and Buchan 2007:2). Actual figures are not given for that time period, but the graphs in Chapter 1 show its trajectory for England between 1993 and 2011 for both adults and children. Obesity rates increased among children of both manual and non-manual parental employment categories, but the increase was sharper in those in manual households (ibid). This is reflected in the graph on page 7. Canoy and Buchan further note an association between low socio-economic status in childhood and higher BMI in adulthood (ibid).

According to the deprivation index used in the Marmot Review of 2010, there was a clear social gradient for circulatory disease, as there was for cancer (p.53 full report). Mortality rates also varied greatly by social class as measured by the NS-SEC (p.49 full report). A review of 138 studies noted emerging associations between childhood obesity, adult obesity and cardiovascular risk (Wearing et al. 2006). Obesity rates have increased for both men and women of all social classes since 1997, but the gap

between social classes is clearest among women; the increase for professional women, for example, is minimal (p.58 full report).

The rate of growth of obesity among men is similar across all social classes, and the lack of a clear social gradient or pattern among men holds true for household income and occupation. But when occupational categories are combined into manual and non-manual groups there is a general trend: obesity rises when educational attainment is lower among both men and women (NOO 2010:4).

Educational attainment and manual/non-manual occupational group may be the best way of tracking men at risk of obesity and, given the clear social gradient for circulatory disease and cancer, seeing what the illness patterns of obese men might be *by social class*. This dimension of obesity is missed by critics of obesity discourse. For women, adolescents and children, the social gradient is clear, but unless patterns among younger people change, a social gradient could emerge for obesity among men in years to come. It is already present in diet-related disease.

Poor women and children are most likely to be overweight or obese. In London's poorest local authority, obesity rates are two-thirds higher than in London's most affluent one (Munro-Wild and Fellows 2009). Among the 1958 birth cohort, those with a 'less advantaged social position' had a greater likelihood of higher BMI in childhood, and a higher risk of cardiovascular disease in adulthood (Elliott and Vaitilingam 2008:36). The less advantaged also reported poorer general health in adulthood (ibid:19). The pattern of lower prenatal growth, shorter child-to-adult height and greater risk of obesity associated with the least advantaged social position is also associated with higher blood pressure, blood lipids and blood glucose levels in mid-adulthood (ibid:36).

The National Child Measurement Programme report found that nearly 10% of four- and five-year-olds and 18.7% of 10- and 11-year-olds were obese (DoH December 2010:7). For both groups there is a strong association between area deprivation and

obesity (ibid); and a further association between area deprivation⁵¹ and ethnicity (high proportion of non-white ethnic groups) (ibid:32). The report observed that

obesity prevalence increase[s] as socio-economic deprivation increases; for both school years, the four most deprived groups have obesity prevalence that is significantly higher than the national average; for both school years, the five least deprived groups have obesity prevalence that is significantly lower than the national average (DoH December 2010:29).

By 2015 obesity rates are predicted to fall for girls ‘from professional backgrounds’, but rise for boys in this group; for lower social classes a more marked rise is predicted for both boys and girls (Marmot et al. 2010:146).

Despite major area variations, overall life expectancy is improving in the UK, along with treatments for illnesses associated with poor diet. But the experience of chronic and long-term illness, endured at significant cost to individuals, families and the state, should not be underestimated. Research linking social class and health has tended to focus more on mortality risk than on morbidity, even though ‘health differences between classes may be more clearly illustrated by health and illness experiences than by life expectancy’ (Borooah 1999 and Blaxter 1989 cited in Veenstra 2006:117).

Examining obesity only in the context of mortality risk does not portray the morbidity dimension adequately, particularly in its varying class profile. There is a seven-year life expectancy difference between those in the richest and poorest neighbourhoods, but a 17-year average difference in disability-free life expectancy (Marmot et al. 2010:10, executive summary). Many diseases associated with persistently high bodyweights, particularly if accompanied by poor diet and sedentariness, are chronic and disabling.

Figures for children indicate that the gap between bodyweights for differing social classes is widening. The future for children at increased risk of obesity implies an increased risk of illness. The obesity critique underestimates both the social gradient in bodyweight and the future disease risk for today’s obese children.

In the following section, the social network approach to obesity studies is explored because of its contribution to strengthening obesity discourse as a matter of behaviour (in this case, spread by individuals in groups) and the ways in which it has been

⁵¹ According to the Index of Multiple Deprivation (IMD)

popularised outside the academy. Little attention is paid to social class dimensions when analysing the role of social networks on obesity. Its proponents have written a bestselling book and their work is cited by politicians and even the UK's Department of Health.

4.6 *Obesity and social networks*

Research by Christakis and Fowler (2007) revealing the links between obesity and social networks was so striking that their work became a popular book published a few years later (2010) and has been cited by Britain's health minister (see chapter 1). Their work relied on unique longitudinal datasets drawn from the US Framingham Heart Study, in which 12,000 study participants underwent physical examinations and completed written questionnaires between 1971 and 2003. For the study, a BMI of 30 or more was considered obese.

Participants, aged between 21 and 70, were studied not as individuals but in the context of their social relationships, ranging from siblings to spouses and friends of varying degrees of closeness. Results were then compared to results from random BMI networks and found to be significantly higher for social networks, particularly for same sex connections, even across geographic distances. As the strength of the social tie weakened, the propensity for influencing the weight of the connected person declined, but physical distance did not weaken the influence for those who were strongly connected. Close friends and even a second degree of separation were a strong influence on weight (more than sibling and marriage relationships); a third degree of separation was still a significant influence. Where friends of first, second and third degrees of separation from the original weight gainer also gained weight, this did not happen simultaneously but seemingly as a consequence. Perhaps, the authors speculated, this was because of a change in the 'general perception of the social norms regarding the acceptability of obesity' (Christakis and Fowler 2007:377). There may be other mechanisms at work but the data prevented further detailed analysis.

The only class-related indicator used in the study was educational attainment, and the authors only mention mean educational level of 13.6 years (approximating completion of secondary school) out of a range of zero to more than 17 years. They note the

presence of obesity among all socio-economic groups without acknowledging any social gradient (2007:371), though their subsequent book accepted that friendship networks are constrained by several factors including socio-economic status (2009:xi).

Geographic location can reflect socio-economic status, but this was not discussed. Christakis and Fowler conclude that because immediate neighbours did not influence weight gain (unless they were friends), 'common exposure to local environmental factors' could be ruled out as an explanation for the spread of obesity (2007:377). Yet many neighbourhoods, certainly in the UK, contain people representing different socio-economic backgrounds, and high streets featuring both lower and higher status shops and food retailers. But consumption patterns (discussed in subsequent chapters) can still remain distinct among different socio-economic groups, and, presumably, the networks that emerge from them, in the same neighbourhood. Christakis and Fowler may dismiss local environment too quickly. Additionally, their study did not address the role of the daytime/working environment in food consumption.

This lack of contextualisation in the Christakis and Fowler obesity example is said by economists to be typical of social network studies and is criticised from a health economics perspective by Cohen-Cole and Fletcher (2008). They rework the data using econometric techniques, cite weaknesses in the models used and find a severely reduced social network effect for obesity, at least in terms of 'induction and person-to-person spread – though peer support might well be useful in addressing weight loss' (ibid:1386). Their study suggests that 'shared environmental factors can cause the appearance of social network effects' (ibid). The Christakis and Fowler study became a successful popular book and the academic article on which it was based has been cited nearly 661 times, while the Cohen-Cole and Fletcher has 55 citations (as of 13/08/12). The British sociologist Alan Warde cited the Christakis and Fowler study uncritically in a presentation at the BSA Food Sociology conference in 2012.

Another influential book by a popular American thinker does address social class, if only to negate its importance. David Brooks (2011) writes that 'Society isn't defined by classes, as the Marxists believe. It's not defined by racial identity. And it's not a collection of rugged individualists, as some economic and social libertarians believe.

Instead...society is a layering of networks' (2011:155). Here, too, class is not considered a dimension of social networks. This book has also been popular with British politicians; Brooks met both David Cameron and Ed Miliband during a UK book tour (*Guardian* 24/01/12 and Seldon 2012). Seldon, a Tory, considers Brooks, along with Thaler and Sunstein (who wrote *Nudge*) to be 'micro thinkers' and chastises the government for overlooking more significant thinkers (Seldon 2012⁵²).

But the social network-obesity link has taken root. A DoH report states that 'through social networks, obesity can actually be "spread" by person-to-person interaction' (DoH November 2010:19) with a similar lack of contextualisation. In embracing social network 'explanations' along the lines of Christakis and Fowler, no account is taken of the social *class* effect. The data do not lend themselves to it, and the focus on behaviour is reinforced.

Yet, in the UK, for women and children, measurements of socio-economic status reliably show obesity prevalence along a social gradient (NOO October 2010:8). Area-level indicators (e.g. Index of Multiple Deprivation) also illuminate obesity risk (ibid). It would be instructive to learn about the health effects among those in the Framingham study who became obese, and whether, as seems likely according to UK data, these were more severe for those of lower socio-economic status.

An unrelated study by Crossley⁵³ addressed social network analysis and especially the 'small world problem' for sociology in general (Crossley 2008:266). He reviews small world theorising since the 1960s: 'analysing chains of acquaintances allows us to explore the significance of, for example, status differences...upon this pattern of relationships. It affords us a perspective upon group closure, segregation and stratification' (Crossley 2008:262). Christakis and Fowler's work did not explore social structure in these terms, or reveal ways in which these social networks might have

⁵² Seldon, A. (2012) 'The big society must be grounded in goodness' <http://www.guardian.co.uk/commentisfree/2012/jan/03/big-society-goodness-government-morality?INTCMP=SRCH> (Accessed 25/01/12)

⁵³ Chapter 1 referred to another article by Crossley challenging the sociological notion that individuals are increasingly concerned with diet and exercise: 'the obesity trend suggests a rather different picture...[and] provides an excellent case study for thinking about the interaction of biological and social processes' (2004:222).

revealed social structures and stratifications.⁵⁴ This is characteristic of what Crossley terms the 'new social physicists' who 'ignore the meaning of social relations, the time-space relations that are central for social organisations, the role of technology and transport in human relations, and key issues of inequality, conflict and exclusion' (Crossley 2008:266). These all play a role in food consumption, bodyweight trends and health, yet are unexamined by the social network research of Christakis and Fowler.

While Christakis and Fowler distinguish between close (mutual) and more distant relationships, and the contrast between family/friends/opposite sex and same sex relationships, and find patterns in self-chosen social networks compared to random networks, there is an absence of contextual depth to the social networks they investigate, given the lack of socio-economic profiling of participants. Crossley argues that even weak social ties are shaped by social life and events 'and by variously distributed resources, dispositions and social positions that enable, incline or otherwise lead us to partake in them. They are not random' (Crossley 2008:265). Yet Christakis and Fowler did improve on previous research into small world networks, which were orchestrated rather than naturally occurring, and which did not distinguish between different types and degrees of social relationships (Christakis and Fowler 2008:268).

Crossley also notes the role of the media in extending social networks and in 'shrinking the world' (Crossley 2008:271). Advertising and marketing, as well as the increasing use of social networking via computer and mobile technologies, influence consumer purchases. Consumer research can collect this data, communicate the likes and dislikes of friends, inform retailers of potential consumers, and predict where consumer interest is heading. Retailers which track customers, informing them by smartphone of marketing offers when they are in the vicinity of one of their outlets, can also communicate the purchases of consumers to their friends (*Observer* 09/01/11). These are all ways in which social networks are harnessed to reinforce food consumption.

⁵⁴ Although Milgram's small world effect of social networks was discussed by Christakis and Fowler. This is characterised by 'low average path length (people can easily reach others in the network through a small number of intermediaries...) and high transitivity (most of a person's friends are friends with one another)' (2009:1162).

The use of social network technologies by marketing, investigated in Chapter 6, fosters peer-to-peer recommendations. One marketer noted the proliferation of brand-based Facebook groups with games, offers and discussions to keep consumers in touch with each other and with the brand itself:

Facebook knows a lot about me, and the more details I put on my profile, the more it knows...if I 'like' a new soft drink, then they'll go to friends with the same likes and interests as me and market the product using my endorsement. This is potentially an incredible 'machine', where brands are not doing the advertising, but your friends are (Romano cited in *Guardian* 15/11/10).

The Christakis and Fowler research was done before this kind of food advertising via social networks was happening on any great scale; such techniques seem destined to further the patterns of food consumption observed in social network research.

Christakis and Fowler suggest that the dynamics of (actual) social networks could be harnessed to address obesity and stop it spreading, with interventions that feature peer support – 'that is, that modify the person's social network' – designed to encourage weight loss (Christakis and Fowler 2007:378). Citing studies of smoking, alcohol and weight loss interventions, they provide some evidence for their claim. In 2009 they cited three further studies which verified their 2007 claims regarding the spread of obesity via social networks (2009:111). They propose that their findings could address social inequalities. Since their interest is in behavioural rather than structural matters, this would presumably involve dietary/weight loss interventions designed with socio-economic status in mind. The point of their research for the present inquiry is that it has made a strong public and policy impact, as illustrated in this section, and in this process it has reinforced the focus on human behaviour but in a decontextualised manner – divorced from either social structures or food industry marketing tactics.

4.7 Obesity and inequality in a global context

Some studies which examine obesity in an international context contribute unique perspectives on the issue which allow us to see the relationship between socio-economic structures, political ideology, and obesity levels. For example, another academic work which had a wide impact outside academia was *The Spirit Level: why more equal societies almost always do better* (Wilkinson and Pickett 2009). In it, social

epidemiologists Wilkinson and Pickett reported on long-observed relationships between the degree of income inequality in a country and a range of issues including obesity.

The UK has a very large gap between the highest and lowest incomes, and comparatively high rates of obesity (Wilkinson and Pickett 2009:82). Wilkinson and Pickett speculate that the chronic stress and anxiety associated with living in unequal societies prompts an increase in food intake and makes it more likely for those under long-term stress to accumulate fat around the waist, increasing the risk of illness (ibid:95). In addition, pregnant mothers who are stressed tend to have low birthweight babies with a slower metabolism, who are prone to weight gain later in life (ibid:100).

Given the presence of overweight and obesity even among those in higher socio-economic categories, they note studies which found that subjective social status was more indicative of health status than income or education (Wilkinson and Pickett:101) – if people felt as though they were struggling, their health suffered.

This line of investigation is followed by Offer et al. (2010), who trace obesity prevalence in 16 affluent countries. They distinguish between six (English-speaking) ‘market-liberal welfare regimes’, with a higher prevalence of obesity, and 10 ‘co-ordinated market economies’ (Offer et al. 2010:298), with lower prevalence. As the authors note, ‘Since the 1980s, there has been a movement away from social democratic policy norms, towards more market-friendly policies. This matches the timing of the emergence of obesity as a mass social phenomenon’ (ibid).

But obesity has grown faster and is more prevalent in market-liberal countries, where market freedoms led to lower prices for fast foods, because of lower wages and taxes; this price effect has been accompanied by intensive marketing (Offer et al. 2010:301). Offer et al. also find that the income inequality and less extensive social safety nets they feature are a cause of insecurity, the most influential factor in obesity levels in their study (ibid:306). They trace the psychological effects of employment-based insecurity due to decreasing unionisation, a decrease in bargaining power, and the link with obesity in market-liberal countries (ibid:304).

Monaghan suggested that social inequalities, stress and anti-fat discrimination may provide better explanations of ill health among overweight people than the weight itself. Marmot's Whitehall study linking social status and states of health all the way up the social scale, as well as more recent research on health inequalities, provides some evidence for psychological/stress explanations for ill health unassociated with weight. But it is also possible to trace broadly structural pathways or mechanisms for ill health which manifest themselves in bodyweight: for example, low birthweight due to poor maternal diet, as discussed previously, or early life experiences of deprivation which can limit growth in infancy and affect lipid levels in midlife (Skidmore et al. 2007).

Offer et al. do not explore the possibility that food regulatory regimes might be associated with varying levels of obesity. Cutler et al. (2003:110) find food regulatory data lacking but cite 'proxies' – regulations regarding tariff and non-tariff barriers to agriculture, packaging, labelling, use of preservatives and pesticides, and time requirements for registering new food businesses (where it takes longer there is less obesity). In nine countries studied, those with more food laws have less obesity (ibid).

The World Bank (2010) assesses a much larger range of countries on a variety of governance indicators, including overall regulatory quality.⁵⁵ They do not assess regulation in a food-health context but their quantification of regulatory quality raises the prospect of quantifying the impact of food regulation on obesity levels and diet-related illness in future.

The historical dimensions of current trends are reflected in the analysis of Ferguson, a historian, as he traces the consumption of sugar in England in the context of what he calls 'Anglobalization' (Ferguson 2002:xxvi). The largest import to Britain from the 1750s to the 1820s, average sugar consumption at 20lbs a year was ten times what it was in France by the late 18th century (ibid:14). British sugar consumption (along with diabetes and obesity rates) remains far above that of other European countries.

⁵⁵ Regulatory quality is defined as 'the ability of the government to provide sound policies and regulations that enable and promote private sector development'. For further discussion see http://www.brookings.edu/opinions/2009/0629_governance_indicators_kaufmann.aspx

The influence of agriculture and agricultural subsidies on nutrition is not a major focus in social science periodical literature. However, in 1993 it was suggested that since

the CAP largely controls the type, volume and price of food produced in the [European] Community....it would be quite feasible to increase the supply and lower the price of healthier foods such as fruit and vegetables, in order to encourage greater consumption, and conversely to discourage the consumption of tobacco, sugar and fats (especially saturated fat) (Joffe 1993:60).

Others have proposed that Europe's CAP be regularly assessed for its influence on health and nutrition, and subsidies used to increase consumption of fruit and vegetables (Hautvast et al. 2000).

The WHO's study of saturated fat production/consumption in Europe found that a substantial portion of cardiovascular disease could be attributed to the CAP (Lloyd-Williams et al. 2008). Most policy and food industry representatives interviewed for the (2006) Porgrow study thought the CAP might be influencing over-consumption of unhealthy foods 'but there was little confidence that the CAP will be reformed in ways directly beneficial to public health in the short- to medium-terms' (Lobstein et al. 2006:9).

The studies discussed in this section, drawn from diverse research programmes and disciplines, show the decisive role played by public policy and the ideology which shapes it, on public health problems such as obesity. But even these innovative and thorough investigations have not been able to seriously challenge the discourse of personal responsibility and a focus on behaviour which continues to prevail in the context of dietary health and bodyweight. Christakis and Fowler's work on social networks and Brooks's stance on the power of the individual were both embraced by Britain's leading political parties, as mentioned previously; neither addressed structural forces of any kind.

4.8 *Non-obese diet-related ill health*

In recent years, there has been a shift in food and nutrition policy from an interest in nutrition and health to a focus on obesity (Dowler and O'Connor 2012:48). As described in Chapter 1, rarely does this policy discourse address the health inequality aspects of obesity.

I set out in this thesis not to limit my search to obesity or even overweight. As we have seen, large bodyweights do not always indicate increased health risk, particularly in the presence of high levels of physical fitness. People of normal weight can also experience ill health which may be influenced by diet. In a study by Kessler, he asked 500 overweight and lean people about their responses to food – particularly feelings of loss of control, not being satisfied after eating, and being preoccupied by food. He noted ‘a sizable minority of lean people with features of conditioned hypereating’ (Kessler 2009:160). These people had limited their food intake thus far, but Kessler speculates this might be difficult to maintain over the long term (ibid). Conditioned hypereating is spurred by ‘environmental exposure’ – an omnipresent foodscape – and constitutes ‘a psychological adaptation to the environment that occurs among certain susceptible individuals’ (ibid:162).

A review of the diet-health link independent of obesity will broaden our understanding of how food consumption relates to health. The health implications of raised salt intake are discussed separately from obesity per se, and reviewed in some detail below because they are often missed in an obesity-dominated nutritional health discourse.

4.8.1 *Salt and health*

The risks of high salt consumption have been researched and documented by the health charity Consensus Action on Salt and Health (CASH 2010 and 2012). The main health risk is high blood pressure. It is not necessary to be overweight to have this health problem or indeed to suffer a stroke. The range of health risks (based on CASH analysis) are summarised below:

- Salt is the major factor increasing blood pressure, constituting a greater risk than low fruit/vegetable intake, obesity, sedentariness or high alcohol intake.
- High blood pressure (HBP) is the most important cause of stroke (causing 62% of strokes in UK) and salt is the major factor which increases HBP. There is also increasing evidence that salt is independently associated with stroke. Older people, those with HBP, diabetics, smokers at greater risk of stroke, and those who smoke *and* have a high salt intake are more likely to be from lower socio-economic groups.
- A 2009 meta-analysis of 19 cohort samples totalling 177,000 participants demonstrated a link between high salt intake, stroke risk and cardiovascular disease. HBP is responsible for 40% of cardiovascular disease. The risk increases as BP rises.

- There is evidence of a link between salt consumption and kidney disease; high salt intake increases protein in urine (a risk factor for kidney malfunction) and HBP also increases the risk of kidney disease. South Asians and Africans are more likely to get kidney disease; those with diabetes are still more likely to get it. South Asians are particularly at risk of diabetes.
- There is a link between high salt intake and cardiovascular disease and diabetes; people with hypertension are 2.5 times more likely to develop diabetes.
- The salt consumption-obesity link is not direct but high salt intake causes thirst and may increase the likelihood of drinking sugary drinks, which may contribute to both obesity and diabetes. One study cited by CASH shows a link between sales of salty snacks, sugary drinks and obesity.
- Salt intake may contribute to osteoporosis via calcium excretion. This association (salt intake/calcium excretion) has also been observed among teenage girls; lowered salt consumption among this group may reduce their risk of osteoporosis later in life.
- There is a compounded osteoporosis-high blood pressure link via salt intake (HBP independently leads to higher calcium excretion).
- High salt intake raises the risk of stomach cancer. This risk is higher for those in the most deprived social groups, for men overall and for the over-55s. Salt intake is linked with the bacterium which causes ulcers and can lead to stomach cancer. Salt can irritate the stomach lining and expose it to carcinogens. High salt-consuming nations (China, Japan, Korea) have more stomach cancer.
- High salt intake does not cause asthma but studies link it with aggravated symptoms.
- For most of the UK population, 80% of salt consumed is in processed foods; for Africans living in the UK, most salt consumed is added during cooking and at the table, suggesting a need for culturally targeted health information on salt intake.
- While reducing salt intake is the key nutritional factor in reducing HBP, consuming fruit, vegetables and low fat dairy foods further contributes to lowered blood pressure.

The Scientific Advisory Committee on Nutrition, FSA, and NICE all recommend a maximum salt intake of 6g per day, less for children (CASH 2012). This would be a substantial reduction from high levels registered in a joint National Centre for Social Research/MRC study in 2008 (9.7g for men and 7.7g for women on average). NICE calls for a further reduction of salt intake to a maximum of 3g per day by 2025 (NICE, June 2010).

4.8.2 *Further nutrition and health links*

Barker's foetal programming hypothesis (discussed in Chapter 3) showed how health is influenced in utero. Marmot cites Barker's finding that 'when human foetuses have to adapt to a limited supply of nutrients, they permanently change their structure and

metabolism: these 'programmed' changes may be the origins of a number of diseases in later life, including coronary heart disease and the related disorders of stroke, diabetes and hypertension' (Barker 1998 cited in Marmot et al. 2010:60, full report). Marmot also cites a range of birth cohort studies showing the influence of early life on subsequent states of health (Marmot 2004:55). Weight is not necessarily a factor.

A 2008 study analysing Whitehall II data found that a diet characterised by processed foods high in fat, salt and sugar was associated with both insulin resistance and, prospectively, with type II diabetes; the study was not primarily concerned with bodyweight, though the authors noted evidence that those who drank diet soft drinks tended to be overweight (McNaughton et al. 2008:1346).

The WCRF systematic review cited previously found evidence that 'some types of vegetables and fruits in general probably protect against a number of cancers' (p.114 of full report). This finding is unrelated to obesity per se.

A study of nearly 3,000 UK adults (Shaheen et al. 2010) tested for links between dietary patterns and lung disease as reported in questionnaires, rather than the consumption of individual foods. The authors found that a pattern they described as 'prudent', containing a high degree of fruit, vegetables, fish and wholemeal cereals, may offer some protection against impaired lung function (ibid:277). Again, weight is not mentioned.

A study commissioned by the FSA described teenage girls' diets as the worst of all population groups. While consuming too much sugar and fat, they lack key nutrients. Nearly half did not consume minimum recommended levels of iron or magnesium, and only 7% ate five portions of fruit and vegetables per day (FSA 2008/09:point 5.3). Overall, this group does not eat enough, according to the FSA's head of nutritional research – the opposite of obesity, but still a problematic diet with the potential to harm health (*Guardian* 09/02/10). The report further noted that only a third of adults eat their 'five a day' and that all population groups are eating too much saturated fat, although mean levels have dropped as a percentage of overall food intake (FSA 2008/09:point 5.4.7)

Other illnesses relating to poor diet include anaemia due to lack of iron, a particular risk during pregnancy; mothers with inadequate nutrition giving birth to low weight babies (low birthweight in turn carrying future health risks); dental problems; eczema; asthma; cataracts – all connected to poor nutrition (Lobstein cited in Lawrence 01/10/08).

A recent study found that a diet containing more fruit, vegetables and fibre, and less salt and fat, could save 33,000 lives per year (Scarborough et al. 2012:420). The study assesses the differing role these nutrients could have in saving lives:

The modelled reduction in deaths for coronary heart disease was 20,800...for stroke 5,876 and for cancer 6,481. Over 15,000 of the avoided deaths would be due to increased consumption of fruit and vegetables...Achieving UK dietary recommendations for fruit and vegetable consumption (five portions a day) would result in substantial health benefits. Equivalent benefits would be achieved if salt intakes were lowered to 3.5 g per day or saturated fat intakes were lowered to 3% of total energy (Scarborough et al. 2012:420).

4.9 *Nutrition, health and class*

In their review of 196 studies across developed countries, including the UK, on the relationship between social class and diet, Darmon and Drewnowski (2008) bring together associations between diet and health, and between diet, health and class. They find that ‘whole grains, lean meats, fish, low-fat dairy products and fresh vegetables and fruit are more likely to be consumed by groups of higher SES’ whereas ‘the consumption of refined grains and added fats has been associated with lower SES’ (Darmon and Drewnowski 2008:1107). The latter group experiences a greater incidence of health problems related to diet: obesity, diabetes, cardiovascular disease, osteoporosis, dental caries and some cancers (ibid). These relationships were observed for a range of SES indicators including occupation, education and income, and several measures of diet quality, including ‘fiber and nutrient intakes and selected plasma biomarkers’ in many developed countries (ibid:1112).

There is evidence that fruit and vegetables have seen higher cost increases than foods high in fat and sugar. Greater food availability in general, and ‘ongoing marketing incentives to consume large quantities of low-cost energy-dense foods’ may be especially damaging for lower status groups (Darmon and Drewnowski 2008:1113). In

the UK in 2010, fruit and vegetable purchases (excluding potatoes) had declined to 2005-06 levels, particularly among low income households, where the reduction since 2006 was 30% (2.7 daily portions per person): 'low income is associated with lower levels of fruit, vegetables and fibre, and with higher levels of NMES (non-milk extrinsic sugars)' (Defra 2011:1). There is also a greater consumption of refined cereals as incomes decrease (Darmon and Drewnowski 2008:1112). Those with a high income and higher education tend to have less energy-dense diets and to eat more fruit and vegetables (ibid:1110).

Type of fat consumption appears to differ by socio-economic group, but this was discussed by only one study out of 196. Five studies found lower status groups using more 'added fats' but did not always distinguish between animal and vegetable fats (ibid:1109). In trying to understand varying levels of both obesity and diet-related illness, there appears to be some scope for assessing the type and quality of fats consumed by different social groups, as well as quantities. This might help to account for the significant presence of obesity, yet better health prospects, among some higher status groups, who may be consuming higher quality fats in both prepared foods and vegetable/cooking oils.

Conversely, there are insights into fat consumption by low income people in the UK Low Income Diet and Nutrition Survey (FSA 2007b:165): 'mean intakes of saturated fatty acids exceeded the dietary recommendation...in all age groups, but most noticeably in adults aged 65 and over and children aged 2-10'. Intakes of 'good' fats – mono- and poly-unsaturated fatty acids were *below* recommended levels (ibid).

Dorling and colleagues suggest that globalisation has increased fat production and consumption overall, while broadening choice and variety for affluent consumers, who can afford healthy but more expensive fats such as olive and fish oils (Pitts et al. 2007:16,28). They conclude that 'further distinctions need to be drawn between the conscious choice of fats and oils for cooking within the household, and the consumption of lipids that have been already incorporated into processed fare by the food industry' (ibid:30).

Data supplied by Kantar Worldpanel show that while the volume of take-home food grew by 0.5% in 2011, the purchase of saturated fats grew by 4.8%. Kantar data also shows a social gradient in saturated fat consumption, with ABC1s consuming less and C2DEs (these marketing classifications are discussed in Chapter 7) consuming more (Kantar 2011).

Research into nutrition and health will become increasingly accurate with the growing use of metabolic testing (blood and urine tests for nutritional markers), addressing the under-reporting of food intake thought to be so common in dietary surveys (Darmon and Drewnowski:1110). Metabolic tests have hitherto been carried out mainly on 'at risk' groups, including pregnant women and older people (ibid). Findings include an SES gradient for Vitamin C, B12, riboflavin, carotenoids and potassium. Seven studies have found that iron deficiencies are more likely among children in lower SES families (ibid:1111).

The Marmot review of health inequalities (Marmot et al. 2010) reviewed nearly 600 studies on all aspects of health inequality and found:

- Internationally, 'among low income groups, price is the greatest motivating factor in food choice' (p.132). Robust evidence of the link between problematic access to healthy food and obesity or malnutrition is lacking; but shops that locate in deprived areas do not tend to sell healthy food and especially fresh produce (p.133).
- 'Low income groups are more likely to consume fat spreads, non-diet soft drinks, meat dishes, pizzas, processed meats, whole milk and table sugar than the better-off' (p.133).
- Obesity seems to be declining among girls from professional households, rising slightly for boys from this background, but rising faster for boys and girls from lower social classes.
- Adults' fitness levels rise by socio-economic group and 'at weekends, children from high income households participate in nearly twice as much sport as children from low income households'. Higher income adolescents play more sport but 'participate less in active transport' (both references on p.146).
- 'Improving the availability of and access to healthier food choices among low income groups involves population-wide interventions, such as reducing salt and saturated fat in products... interventions may be needed to target particular groups' (p.146).

Marmot questions whether the social gradient in ill health is really as unavoidable as it seems, noting its variance for different health problems, and from one region or

society to another. For Marmot and also Wilkinson (1996; cited by Marmot 2004), the most plausible explanation for differences in disease rates from one area of the country to another is 'characteristics of the social environment' (Marmot 2004:46). Gradients for some diseases, including heart disease, have become steeper in recent decades (ibid:41). If these gradients can vary for reasons which governments did not intend, could they not be *induced* to vary to public health benefit by adopting policies which *aim* to do so (ibid)? For example, if people stop smoking or achieve lower cholesterol or blood pressure rates, their CHD risk alters within five years (ibid:55).

4.10 Conclusion

This chapter took an empirical look at what is hypothesised in this thesis: that diet affects our health; that much more than individual choice is involved; that the discourse of personal responsibility obscures both social gradients in diet-related illness and the real suffering experienced in such illnesses, often over many years. By tracing the links between particular aspects of poor diet and specific health problems, and drawing further links with social structure and even governance as a factor in experiencing both poor diet and illness, the material reviewed in this chapter clarified the firm empirical grounds for addressing the health and social consequences of the modern diet as it has developed in recent decades.

Poor quality foods, consumed disproportionately to healthy foods, and in the context of sedentary lives, *are* associated with chronic diseases, with or without the presence of overweight or obesity. The mortality risks of obesity may not be as pronounced as obesity discourse would imply, though they are higher for those of lower social class. Joint, circulatory, metabolic and other categories of health risk can also be heightened by the quantity and type of food we eat – and these risks are more likely to be experienced by those of lower social class. Our dietary options are shaped by the social and physical worlds we inhabit, and some social groups are eating a substantially less healthy diet than others.

The risk of disease varies significantly according to fitness level, disease category, ethnicity, class and age. There is a consensus on the value of exercise for metabolic health, but reservations about its effectiveness for losing weight, and an

acknowledgement of the health risks for older people of losing weight. These nuances do not seem to have permeated the obesity discourse of a weight-obsessed society. But there is much rigorous, balanced epidemiological analysis of the links between obesity and the major disease groups discussed in this chapter. This work is characteristically open about areas of uncertainty and the scope for future clarification.

If overly rigid bodyweight measurements, moral judgements, medical exhortations to lose weight, and even the use of medication or surgery are the result of the obesity discourse, they are worthy of attention by social scientists. The profits from both weight loss and pharmaceutical industries in addressing obesity are also deserving of critical investigation. But it would be unfortunate if social scientists do not acknowledge the role of the food industry in food consumption and its health consequences. As one of Monaghan's fellow critics of obesity discourse observed, 'Should we...be unconcerned that fast food multinational companies target poorer communities in order to sell more low quality food?' (Gard 2009:34).

This chapter gave empirical substance to the theoretical analysis of class, capital, governance, consumption and health in the previous chapter. In the following three chapters, various dimensions of the food industry will be examined for their understanding of and engagement with these matters. There is much surprisingly common ground, with food scientists acknowledging health concerns and food marketing offering a highly operationalised, commercial, empirical grounding for the theoretical analysis in Chapter 3.

Before discussing how food marketing engages with notions of social class and helps to shape dietary patterns, I will outline the broader context from which marketing strategies emerge, beginning with agricultural production, the processing and merchandising of foods, and industry's understanding of both health and limitations to the consumer's capacity to choose freely.

Chapter 5: How the agri-food industry shapes our diets and influences our health

5.1 Introduction

'I serve the same to everyone, for when I invite guests it is for a meal, not to make class distinctions' Pliny the Younger (cited in Steele 2009:221).

'There are many [consumer] segments and subsegments, each with different motivations, different need states and different purchase drivers. There are not many successful products that appeal to everyone...age, income, family status, ethnicity, education, employment...attitudes, behaviors and other factors shape consumers' beliefs, goals and purchases' (Schmidt 2009:222; advice to food marketers).

These statements were made two millennia apart but each observes the concept of social ranks and distinctions where food consumption is concerned. They are something of a caricature of food consumption: Pliny's dismissal of class did not reflect the typical Roman view – in ancient Rome, as now, class distinctions *did* emerge at mealtimes (Steele 2009:221). And today not all our meals are as analysed and managed as the marketing advice above would indicate, but the comment reflects how processed foods are conceived and segmented for marketing.

The previous chapter traced the health implications of qualitatively different diets and their link to socio-economic position – a manifestation of the role of social class in driving not only food consumption, but also the varied nature of the food supply. Political and historical forces were also identified as factors influencing food consumption.

In the current and subsequent two chapters, I take a further step back from the act of eating and the social factors which influence it in order to examine the changing nature of the food supply and how it is financed, structured, processed, distributed and marketed. I review critiques of these activities, explore how the food industry understands consumption, and investigate concerns revealed by industry regarding human health. Obviously, the way agriculture has developed since the mid 20th century has dramatically changed the style, quality, quantity, availability and pricing of the food supply. But there are also historical continuities in the ways industry, forms of governance and technology have engaged with the food supply, altering consumption

practices – and health – in class-specific ways, a phenomenon Marx himself acknowledged. These continuities are also traced in this chapter.

Having reviewed the evidence in Chapter 4 for a link between social class, diet and health, and even political ideology and bodyweight trends, these insights need to be situated within the context from which they emerge: namely, that of agriculture and, subsequently, the way food is designed, processed and retailed. In the present chapter, industry texts which discuss these technical and scientific matters also reveal an almost Bourdieuan grasp of how food ‘choices’ arise, and they raise concerns about the food supply resulting from industrial processes and the health of those who eat the poorest quality processed foods.

There are opportunities throughout this chapter to link the role of agricultural and food industry strategies (citing frank discussions among food industry figures) with the theories of both Bourdieu and Habermas as discussed in Chapter 3. Indeed, I argue that agricultural and food industry trends and practices *should* be seen as forces interacting with and shaping the habitus and altering the lifeworld in terms of dietary practice and quality. Concrete examples of the extent of the food chain ‘from agriculture to arteries’ – from the changing ways food is grown to the health effects resulting from the way it is processed, retailed and consumed – link theoretical insights with the empirical world of food production and the way industry understands its health effects.

While it is certainly possible to prepare food from original ingredients, and to eat outside the norms for our social group or consumer segment, much of our diet is processed, consumed both in and outside of the home in an omnipresent foodscape, and targeted at us based on population tracking and segmenting techniques. Chapter 6 and 7 analyse these processes in detail. However, food marketing is one of the final stages in a process that begins much farther upstream. Therefore, at this point it is useful to undertake an overview of the globalised, agro-industrial context in which British food is produced and consumed so that the focus of the thesis – food marketing – is fully contextualised.

Thus, in line with the critical-investigative framework adopted for this thesis, I have ‘drilled down’ through studies of food production and processing to its origins in agricultural developments. The blanketing of British foodscapes with highly processed foods and the rise of bodyweights accompanied the growth in production of key commodity crops which are the basis, along with additives, for an array of snack foods, both sweet and savoury. The food and agriculture writer and journalist Felicity Lawrence describes this process: ‘The same half-dozen heavily subsidised commodities – soya, rapeseed, palm oil, corn, sugar and rice – are broken down into their individual parts and endlessly reconstituted. They are sold back to us as processed food or turned into animal feed’ (Lawrence 2008b).

Trade and investment policies have a major role to play in a globalised agriculture, food processing and food merchandising industry, and will also be traced in this chapter. The changing nature of British supermarkets and their role in shaping the food supply is a major factor in changing consumption patterns, and is discussed here. Finally, the health effects of processed food as discussed by food industry scientists and others will be analysed. These reflect the epidemiological linkage between food consumption and health made in the previous chapter, and Bourdieuan ideas about how food tastes and habits are formed, but further concerns are revealed about processed foods which only food scientists have identified, and which thus far have not been assessed by epidemiology.

5.2 *Agricultural developments and changes in the food supply*

‘Agriculture comes to be more and more merely a branch of industry and is completely dominated by capital’ (Marx [1857] 1997:190).

Despite the importance of agriculture for health, there is little overlap or sectoral co-operation between agriculture and public health (Hawkes and Ruel 2006:985). As Murcott has observed (in Chapter 1), along with Carolan (in Chapter 4), there has long been a split between the sociology of agriculture and the sociology of food, a gap which largely continues to be reflected in the research output of both. Sociology which does concern itself with both food and health doesn’t often look back to the origin of food in agriculture. Yet changes in agricultural production in recent decades have dramatically increased production of the constituent ingredients of snack and other

processed foods, altered consumption patterns, and accompanied an increase in obesity and diet-related illnesses such as diabetes and cardiovascular disease. Neoliberalism, technological advancements and globalisation have been key to agricultural developments, but diet-related illness has not been central to international negotiations which have liberalised trade and investment in agriculture, food processing and retailing. Hawkes's analysis of food supply chains finds that 'human health remains marginalized as a supply chain issue...in contrast to the environmental and labor issues now perceived as supply chain issues' (Hawkes 2009:338-339). Tracking the complete chain reveals gaps between 'processes and actors' where change could be introduced to alter supply chain dynamics and the nature of the food itself (ibid:340).

A further study (Hawkes et al. 2012) revealed the ways in which changes at the agricultural level, whether because of technological advances, subsidies or market liberalisation, or some combination of these, can lead to the substitution of cheaper food items or ingredients for more costly ones. This can mean a vastly reduced cost of the agricultural components of a processed food product. In the case of soft drinks, a switch from sugar to the cheaper high fructose corn syrup means that the cost of the sweetener in these beverages (in the US) is just 3.5% (Hawkes et al. 2012:348).

But even apparently healthy products, like apples, can be processed in such a way that an increase in apple production could reflect not an increase in apple eating, but the use of apples and apple juice concentrate as sweeteners in highly processed foods and drinks (though they may be promoted as healthier products because of the apple content) (Hawkes et al. 2012:349). The authors identify 'food consuming industries' or FCIs as crucial actors in the food supply chain. Providing stable markets for growers, they have the power to influence what is produced (ibid:350). With product innovation and marketing being the source of value added, and therefore driving their growth, they buy basic agricultural commodities relatively cheaply and differentiate them into innumerable products (Hatanaka et al. 2006 cited in Hawkes et al. 2012:349). These products are then targeted at appropriate consumer groups. This basic process is reflected for a range of foods: the processing of vegetables into prepared salad ingredients, chicken into fried chicken (whether a high street brand or cheaper

unbranded independents), corn into high fructose corn syrup and then soft drinks, or apple juice concentrate into cakes or soft drinks, as discussed above (ibid:349-350). This study makes the point that promoting healthy eating, even at the agricultural level, will not work unless the entire supply chain is taken into account, including processing and marketing. So, for example, investing in local agricultural production would need to ensure a direct producer to consumer distribution, without the intervention of FCIs (ibid:350).

But FCIs will remain dominant and continue to 'meet, mobilise and create consumer demand' (Hawkes et al.2012:350). If improving the nutritional quality of foods is the objective, then 'a coherent framework of consumer-end standards and regulations to discourage the production and sale of energy-dense, nutrient poor foods' would be required (ibid). Clearer standards for the development and marketing of 'healthy' foods should also be set, and on a global basis (ibid:351). In short, 'policy-makers and suppliers need to ask and be asked: what would a food supply system and agriculture look like if they were responding to public health concerns?' (ibid:351).

The food industry texts I analyse in this and the following two chapters reveal the challenges for policy makers should they try to set these sorts of standards. Industry texts portray the mindset and concerns of those working much further down the chain from agriculture, as commodities, processing technologies and market research and targeting techniques are mobilised in the service of company profits and shareholder returns. In this context public health is a concern for some in the industry, but an optional extra for others, relevant only if identified by their target consumers, and behind broader company goals. There are also varying interpretations of what 'healthy' foods are from an FCI perspective, reflecting some consumer confusion on the same point.

But how did we arrive at the structuring of food production which leverages agricultural commodities into so many unhealthy foods, and by such powerful intermediaries? Burch and Lawrence, sociologists studying shifts in global food systems, observe that in the 20th century, the capitalist state began developing policies and incentives to 'fuse both agribusiness input-manufacturing firms (providing

equipment, fertilisers and pesticides) and agribusiness output-processing firms (storing, packaging and selling farm products)...[which] enhanced the role of corporate capital in the sourcing and in the delivery of foods to consumers' (Burch and Lawrence 2005:11). Several studies, some based on the food regimes approach, have traced the use of science and technology 'to establish tight, usually vertical control over seeds, planting, tending, harvesting and processing specifications, and increasing centralisation of considerable commercial and intellectual power in transnational corporations' (Lang and Heasman 2004, Tansey and Rajotte 2008, McMichael 2009 all cited in Dowler et al. 2009:201).

Agriculture has been in the process of globalisation and liberalisation since the 1970s, but received a major impetus with the international agreement on agriculture in 1994 as part of the GATT.⁵⁶ This trade agreement reduced subsidies and tariffs, although some forms of protection remain in place (Hawkes 2006:3). Agricultural liberalisation increased levels of foreign investment and together these forces spurred the growth of transnational food companies via 'vertical integration and sourcing', encompassing production, distribution, sales, outsourced inputs, and advantageous global siting arrangements (ibid). Hawkes describes the integration of the global soybean market (soybean oil is found in many processed foods) across Brazil, Argentina, China, India and the US. The concerns that emerged over the health implications of trans fats connected to soybean oil have prompted the development of healthier forms of the oil for affluent markets, alongside continuing production of the basic soybean oil, with implications for health inequalities globally (ibid:5).

In the past 25 years, trade in processed foods – predominantly branded products produced by transnational corporations – has increased faster than the trade in unprocessed foods. This reflects a shift in FDI from a focus on exporting raw materials to financing food processing within target markets, including the processing of products for sale in supermarket chains and fast food outlets (Hawkes 2006:6). In this process, purchasing and marketing/advertising costs can be streamlined and foods sold at lower prices, all of which has increased sales. Essentially, then, FDI is 'making more processed foods available to more people' initially in developed country markets

⁵⁶ General Agreement on Tariffs and Trade

but increasingly in developing countries (ibid:7). FDI has influenced trends in agriculture and food processing via investment in everything from 'seeds, fertilisers and pesticides, to grain silos, milling equipment, refrigeration and packaging plants, to shipping containers and runways to move product to global markets' (Hawkes and Murphy 2010:17).

But FDI has also influenced the expansion of food retailing and food service outlets (Hawkes and Murphy 2010:24). By purchasing foreign affiliates, TNCs are able to bypass the costs and complexities of exporting while getting closer to customers around the world and lowering costs, because trade liberalisation has meant they can source the cheapest ingredients for their products (Hawkes 2010:50-52). The growth of major, high-volume supermarket chains globally has driven demand for processed foods, and made their distribution highly efficient: 'due to economies of scale in storage and distribution and technological advancements in supply logistics, they are also able to sell processed foods at lower prices, while still maintaining profits' (Reardon et al. 2003 cited in Hawkes 2010:52). Supermarkets use incentives to attract consumers to this proliferating array of foods, not least through promotional pricing (see Chapter 7). It is an intricate, interwoven pattern of developments in agriculture, trade, investment and retailing, to which food product development, food science, market research, marketing and advertising have also decisively contributed. In the process, the entire food supply chain has been affected (Hawkes 2010:36) and sales have increased (Hawkes 2006:7).

These interlinked developments can also be viewed within the Bourdieuan framework of the habitus, and indeed as forces shaping the habitus. The end result, the increasing consumption of an increasing supply of highly palatable processed foods, many of them high in fat, salt and sugar, has its beginning in global forces in agricultural science and technology alongside the global financial forces and techniques which have emerged in the neoliberal era. Bourdieu's focus is on structural factors such as social class and income, but in this thesis I suggest that the activities of the food industry, beginning with agriculture and including financing and retailing strategies, both address and permeate the habitus, altering behaviour and choices. Several examples of this will be explored in this and subsequent chapters. Habermas's ideas about

technology and capital and the colonisation of the lifeworld complete the picture, allowing us to link distant, diverse, global, large-scale agro-scientific trends and strategies with their capacity to influence both food retailing and the dietary experience of individuals and social groups in the UK.

One point in the global food supply chain is the resources put into the more efficient processing of vegetable oils by global corporations, resulting in lower prices and increased consumption of these oils (Hawkes 2010:40). Another key development is the lowering of production and feed costs for chicken, which has spurred the growth of fried chicken consumption (ibid:49). In Chapter 7 this case is discussed in microcosm, including its predominance on the high streets of deprived areas of the UK.

Liberalised trade and foreign investment have made processed and especially fast foods more available, alongside increased advertising and promotion of such foods (Hawkes 2010:52). FDI and the increased trade in 'the inputs to processed energy-dense foods (refined grains, sugar cane and corn sweeteners and vegetable oils)' have markedly decreased the cost of such foods, not least through the technical innovation that has been achieved (Drewnowski et al. 2010:78-79). The global supply of vegetable oils such as 'corn, palm, palm kernel, rapeseed, soya bean and sunflower oil' was over 100m tons by 2005, 'more than twice the amount produced in 1991 and more than 13 times world production in 1961' (ibid:79).

How did this happen? To give three examples:

- Agricultural subsidies on corn led to overproduction dating back to the 1970s, which led to a search for alternative uses for it. High fructose corn syrup was another result; cheaper than sugar, it is used in many processed foods.
- Palm oil consumption grew as export taxes in Malaysia and Indonesia (the main producers of palm oil) decreased, and import barriers declined in key importing markets China and India (Hawkes 2007:S317-S318).
- Soybean yields grew dramatically from the 1960s when a tropical strain was developed in Brazil, where it is now the main vegetable oil produced. It is exported worldwide (Hawkes 2007:S317).

In order to address the health implications of the shift in diet brought about by these global developments, public health bodies should undertake a stronger 'advocacy role

to achieve better oversight on the food chain’ – but to do that, they would need ‘new expertise, resources and, critically, imagination and political will, to make successful interventions’ (Rayner et al. 2007:72-73). All of this requires awareness and monitoring of global agriculture, trade and investment activities. Another group of analysts suggests that given the risks to human health, governments should institute health impact assessments of trade arrangements (Rigby et al. 2004:426). Hawkes recommends health assessments jointly carried out by economists and health and agricultural experts (Hawkes 2007:S319).

5.3 *Agricultural oversupply and industrial foods*

As a result of subsidies and the pace of agricultural innovation, excess calories began to be produced. The food industry sells these calories by

packaging foods in larger portions, increasing inducements for buying more food (package meals, etc), intensifying advertising, targeting new groups for sales (youth, minorities, etc), developing new sites for selling food (schools, drugstores, gas stations, etc), engineering foods to maximize taste (enhancing flavours, adding sugar and fat), reducing prices (Brownell and Horgen 2004:200-201).

This list of strategies is one rendering of how a Bourdieuan habitus can be permeated by developments in both food science and retailing. Existing tastes and practices are studied for clues to how to expand consumption where possible without altering consumers’ routines and established behaviours.

Consumption must be expanded, though it is difficult to track in the context of overall food consumption and health. To give a random set of examples of food retail expansion in the UK which I traced through my own media monitoring:

- planning permission has been granted to more than 16,000 supermarkets, a 50% increase on the current number (*Guardian* 22/12/11);
- Starbucks will open 300 new stores, including 200 drive-through outlets, in the next five years (*Guardian* 01/12/11);
- Greggs bakery aims to open 90 more stores in 2012 (*Guardian* 14/03/12; it already has 1,500 shops and is aiming for 2,000 according to *Marketing Magazine* 24/08/11a);
- Krispy Kreme has 46 outlets and 400 ‘branded cabinets’ in other shops and plans to double outlets by 2015 (*Guardian* 01/06/11 and 07/03/12); in the UK and Ireland,
- Subway opens five new outlets per week on average (Subway 2012);

- the UK has 47,000 takeaway food outlets (Local Data Company cited in *ibid*) of which nearly half are independent, though this varies by area: in London's Tower Hamlets, 89% of takeaways are independent, most serving fried chicken (Bagwell 2011).

Gard, a critic of obesity discourse observing such trends, queries the conclusions of nutritionists

who argue that human brains are 'hard wired' to crave sugar, fat and salt [when] there is no convincing evidence that the amount of sugar, fat and salt in modern fats and convenience foods is anything other than the product of successful marketing and the global over-production of these substances' (Gard 2009:34).

In fact, both of these trends are real: we do crave these macronutrients, but they had never been supplied in such omnipresent and affordable quantities before the late 20th century. This has in turn cued food consumption, increasing it along with the increase in the food supply.

But how does an enhanced agricultural supply translate into palatable foods? Policies will provide for a certain amount of sugar production, for example. Healthy eating messages have succeeded in reducing consumption of sugar added at the table, but the sugar that is produced must be consumed. Thus it is used increasingly as 'an industrial ingredient – particularly in carbonated drinks but also in a wide range of processed foods' including savoury foods (Fine et al.1996:274). Skimmed and semi-skimmed milk products have also been successful – but that generates large quantities of leftover cream, which must, again, be consumed, as an industrial ingredient in processed foods or as other dairy products (*ibid*). Europe's Common Agricultural Policy (CAP) guarantees minimum prices for producers. When prices fall below this level, 'the EU buys the product...and disposes of the surplus stocks' (Hawkes 2007:S315). In the case of butter, the fat is resold to the food industry at lower prices and is used for processed foods, whereas 'surplus' fruit and vegetables are destroyed (*ibid*).⁵⁷

⁵⁷ By 2011, prices for staple crops such as corn, soybeans and wheat, which are ingredients in so many processed foods were rising. Yet farmers are also planting cotton, which offers still higher prices, prompted by an increase in demand from clothing manufacturers (*New York Times/Observer* 10/04/11). The production of global foodstuffs destined for snackfood processing is not inevitable – if more profitable crops can be grown, they will be.

Kessler's former Coca-Cola executive seems to substantiate Gard's point, suggesting that the low cost of fats and sugars is at least partly responsible for the prevalence of fast/convenience foods:

If McDonald's could sell anything and make money at the same rate that they're doing now, they couldn't care less whether it was fat- or sugar-laden. It just happens to be that fats and sugars and flours are some of the least expensive food items we have in the world (cited in Kessler 2009:129).

This comment pithily exposes food industry thinking, illustrating the journey ingredients make from agriculture to food processing to food retailing.

5.4 *The changing role of supermarkets*

Sociologists and food regimes analysts Burch and Lawrence (2005) trace structural shifts in agri-food processing and indeed the entire supply chain. In effect, nothing less than a 'restructuring of the capitalist agri-food system' is underway, they conclude, with Britain the primary site for its development, via supermarkets and distribution systems (Burch and Lawrence 2005:1-2,10). Examining the dominant role of processed food in contemporary diets, they argue that the decisive power in the food system has shifted from food manufacturers to food retailers. Ready meals are now routinely processed by manufacturers who have emerged merely as processors for retailer-branded products as a result of the success in supermarket ready meals. Supermarkets are physically closer to their customers, and have developed a high degree of technological and marketing sophistication in tracking customer behaviour and inclinations. This has resulted in an increasingly segmented, targeted range of products which supermarkets are uniquely placed to deliver (Hawkes 2008:668). Even by 1998, a food industry text noted that 'scanners give food retailers greater leverage with market information' (Michman and Mazze 1998:27).

While contracting out the preparation of own-brand foods to manufacturers – many of whom prepare such foods for a range of stores, from elite to discount, and to a range of standards *within* stores – supermarkets are able to pressure suppliers and processors to keep costs low, allowing their own profits to flourish. They can also insist on up-to-the-minute changes in orders. Technology and especially logistics also play a

vital role in this process, with deliveries organised to tight schedules and tracked by GPS systems (Burch and Lawrence 2005:9).

At the same time, and in line with food regimes analysis in a neoliberal era, state sovereignty in terms of food governance has declined, with authority and market power shifting to supermarkets (Richards et al. 2012:3⁵⁸). The state continues to set basic standards for food safety, but since the Food Safety Act of 1990, food retailers in the UK must observe 'due diligence' in ensuring the foods they sell are safe (Fulponi 2006 cited in Richards et al. 2012:3). Food governance has effectively been privatised, with food retailers deriving their power 'through the neoliberalisation of regulation and uneven market relationships, which further serve to consolidate their power' (Richards et al. 2012:3).

There has also been a shift in their influence in matters of consumption. In Burch and Lawrence's analysis, food retailers have assumed the role of dietary authority, conferring 'legitimacy on consumer acceptance of new foods and food forms' while, they argue, and contrary to food industry discourse, simultaneously reducing consumer sovereignty (Burch and Lawrence 2005:4). Retailers often speak of their determination to satisfy consumer demand, but they are also active in shaping that demand via their capacity to leverage the food supply and their continual consumer research and ensuring repeat purchases via various loyalty schemes and special offers. Customer/loyalty cards provide detailed customer information: 'what purchases were made, where they were made, when the purchases were made, as well as the addresses of purchasers and their credit ratings' – invaluable information for marketers and product developers (Fuller 2005:120). Loyalty cards have enabled 'a steady transition from mass marketing to targeted marketing' (Carrefour 2004b cited in Hawkes 2008:679). They provide a more focused way of tracking customer practices and, in sociological language, give more detailed insights into the habitus, so that new products can be targeted in ways which fit the existing habitus.

⁵⁸ This journal article was published online on 11 December 2012 and is not paginated as it has not yet been assigned to a journal issue. I have therefore created page numbers for the online document for referencing purposes. These will change when the article is published, presumably in 2013.

Fostering the loyalty of existing customers is worthwhile, since 'it is five times as expensive to recruit a new customer as it is to retain an old one' (Blythe 2006:63). The logic of learning what consumers like in order to serve their needs well in future is unassailable in commercial terms. The effect is to reinforce consumption patterns for all types of diet, even as food products themselves are continually developed and modified.

Benefits to consumers from the shift in power to retailers might include higher quality from suppliers for supermarket own-brand products, many of which now aim for 'restaurant quality' standard, as well as a high degree of manufacturing flexibility in delivering a growing range of 'home meal replacements' (ready meals and convenience foods; Burch and Lawrence 2005:5). Some of these foods are relatively healthy; in portraying themselves as 'the moral guardians of consumer sovereignty', food retailers have certainly purported to deliver high standards in their food provision (ibid:6,14). In such cases the food industry meets and reinforces consumer expectations of freshness and novelty in their food products (ibid:6). Yet inspections of supermarket own brands have uncovered revealing variations in industry standards which will be explored in Chapter 7.

The transformation in the food system is characterised by food retailers 'operating under the same impulses to accumulation that has driven manufacturing capital in the past...as globalisation proceeded, corporate capital in the agri-manufacturing sector proved to be highly mobile, moving around the world to source the cheapest inputs to the food manufacturing industry' (Burch and Rickson 2001 cited in Burch and Lawrence 2005:12). Marketing plays an integral part in achieving food company goals of penetrating new markets or maintaining or increasing market share.

Fine, an economist, critiques sociological and anthropological approaches to food consumption which do not engage with 'the way in which commodities form a *system*' focusing instead on 'the meaning of different elements in the "cultural construction of value"' (Fine 2006:297). He advises: 'never lose sight of (someone else's) profit motive as underpinning our consumption' (ibid).

5.5 *Opting out of the mainstream food industry: alternative producers and eaters*

The permeation of consumption practices and food cultures by a globalised, highly technologised, marketing-oriented food industry is central to understanding the sociology of food. Through these processes, human health and wellbeing can be powerfully affected, a Bourdieuan habitus permeated and altered, a Habermasian lifeworld colonised, and a class structure and system enacted and reproduced. But some social groups pursue alternative methods of food production, purchase and consumption: 'as individuals rebel against being confined to the role of simple consumers, as purchasers, some will inevitably escape from preoccupation with intrinsically constructing their own identity and extrinsically engage with the more distant determinants of consumption' (Fine 2006:305). This is taking place with 'green' consumption, nowhere more evident than in the category of food. Extending the discourse of consumption from the practices of individual consumers to questions of 'provision, power and conflict' could help to expand the identity of the consumer to 'the realm of the citizen...so the engaged consumer becomes the politicized citizen' (ibid). But Guthman finds that activists committed to alternative and healthier food supplies and networks are insufficiently engaged politically, and do not address the underlying problem: 'agro-food activism is often quite removed from a politics that names and addresses actually existing neoliberalizations of the food system' (Guthman 2008:1180).

Alternative systems of food provision have been the focus of much academic attention, but have been inconsistently defined (Holloway et al. 2007:2). While they offer useful insights for challenging existing systems of food production, alternative approaches remain marginal in terms of overall UK food consumption. Marketing academics also warn that supporters of alternative approaches can be colonised in ways they may not realise:

signs of resistance and revolt are quickly absorbed and commodified by capital. Rather than threatening the market, consumer boycotts, resistance to material acquisition, revolutionary consumers, and use of consumption for political expression rejuvenate the market (Holt 2002 cited in Cherrier and Murray 2004:511).

What begins as defiance soon becomes absorbed by consumer culture rather than a criticism of it (Cherrier and Murray 2004:511). Reflecting this tendency, one US entrepreneur in the 1970s argued that

mass production requires consumer education which limits the concept of social change and progress to the "commodified answers rolling off American conveyor belts" (Ewen 1976)...freedom and liberty should be confined to the marketplace...what needs to be emphasized regarding responsible citizenry is consumer choice, not political action in a public sphere (Cherrier and Murray 2004:517).

An undergraduate marketing textbook describes how the 'giants of the global food industry have embraced the [green/fairtrade] movement, reflecting the growing interest in ethical trading by consumer and major retail chains' (Dibb and Simkin 2009:86). Firms like Nestle and Kraft have introduced ethically traded product lines, or products with a percentage of ethically traded ingredients, reflecting 'their alert scanning of market trends' (ibid). This is undoubtedly a positive step, though a prosaic one when compared with Fine's hopes for an engaged citizenry demanding market transformation.

While fairtrade issues have surged ahead in consumer and corporate awareness, the same cannot be said for food-health concerns in a supply chain context. A pointed illustration of this phenomenon is pictured below: fair trade as a concept is embraced and promoted in these vending machine products even while the snackfoods provided are high in fat, salt and/or sugar are sold in a sports centre. The first snack and drink machines were acquired a few years ago with others appearing more recently. This is one of the photographs commissioned for this thesis which depict the spread of fast food and snack foods in an area of outer London. In February 2013, the Academy of Medical Royal Colleges issued 10 recommendations to address obesity, including one calling on local councils to limit the number of fast food outlets 'near' places where children gather, including leisure centres (AMRC 2013:10). In Figure 4 and Figure 7, I picture snack foods installed in recent years *inside* neighbourhood leisure centres which are full of children.



Figure 4: These vending machines in a community sports centre sell fairly traded crisps and chocolate (note fairtrade stickers on machines). Photograph commissioned for this thesis.

Alert food providers and marketers track challenges to the corporate food system and create products and services to meet emerging green/ethical/quality/provenance demands. This is the way the system works, and it *can* produce some high quality foods, fairly traded, with concern shown for the environment. But this is not necessarily the case for all apparently green or ‘ethical’ products; consumers need to remain alert to ensure that this is what they are getting. Nor are these industry practices guaranteed to last.⁵⁹ *Marketing Magazine* examines this issue in times of austerity, noting that ‘uncertainty remains as to whether ‘green’ is a selling point in a downturn’ (*Marketing Magazine* 14/03/12). Only 29% of consumers say social responsibility figures in their purchases, down from 43% in 2008 (Ipsos MORI poll cited in *ibid*). So while a sense of social responsibility had been absorbed into the habitus of some consumers, financial pressures stemming from the global economic crisis pushed this consideration regarding food consumption back out again. It is another illustration of how the habitus can be influenced by events external to the individual or social group.

5.6 The process of processing food

‘Food processing can be considered a form of predigestion of raw biological materials prior to consumption’ (Watzke and German 2009:153).

This description of processed food from food product developers is in stark contrast to the expertly packaged, temptingly described ready meals available in supermarkets, and is a pointed reminder of the unseen and highly industrialised dimensions of the

⁵⁹ For example, organic food sales declined by 3.7% in 2011 in the UK, decreasing by 5% in supermarkets, where 71.4% of organic food is sold (Soil Association 2012).

retail food industry. Given the significance of processed food in the foodscapes and diets of all social groups, whether consumed at home, in schools and workplaces, or as takeaway or restaurant meals and snacks, it is useful to understand how such foods are produced, why they have become so successful, who eats them, and the implications for health. As clinical studies on this point have already been discussed in the evidence chapter, in this section the assessment of food industry analysts will be reviewed via their published work. Their conclusions are naturally generous towards the intentions and achievements of the industry, but some do express concern about the problems associated with an industrialised diet.

5.6.1 *Historical context*

The earliest techniques and tools for harvesting, processing and preserving foods appeared after 11,000 B.C., mostly to allow consumption of wild cereals in the Fertile Crescent (Diamond 1999:110-111). Fermentation of foods dates back 9,000 years; cured meats, salt cod, sausages and marmalade have a long history and survive today (Saber 2011). The growth of food processing in history was the result of interacting factors: natural developments (animal extinctions, climate change); domestication of wild plants; new technologies (cutting, grinding, roasting, storage); a rise in population as food production increased; and displacement of hunter-gatherers by food producers (Diamond 1999:111-112). Diamond identifies an 'autocatalytic process' in an accelerating cycle of positive feedback as food production expands (ibid). This is an ancient illustration of what another analyst has termed the 'adjacent possible': this is what happens when technological and scientific progress collide with cultural and societal forces to produce incremental but sometimes decisive change (Johnson 2010). The problem with this process is that it can now happen at such a speed and at such high levels of complexity that the implications of the changes taking place may not be noticed while they are happening. Arguably, this illustrates what has happened with the predominance and merchandising of foods high in fat, salt and sugar. As Habermas noted (Chapter 3), such progress takes place 'without being reflected upon', lacking political consciousness.

Interlocking technological and social developments define food production and consumption at any stage in history. In 18th century British towns, little food preparation was carried out in many households. Instead, 'there was a large market in ready-cooked food, both take-away and pub food' and 'a multiplicity of cookshops' serving the urban poor (Laurence 2002:149-150). Technology, housing and market conditions combined to produce prepared food for the home in this very public way.

In another example of the 'adjacent possible', by the late 19th century, technological and transport advances meant Britain was the world's major importer of preserved and processed foods, primarily tinned fruit, meat and condensed milk (Steel 2009:92). This was quite apart from the massive imports of wheat and sugar by that time. Prepared foods made locally were also popular in the 19th century. Many industrial workers, living in cramped, poor quality housing without cooking facilities, survived on bread, tea and small amounts of cheese, salted fish and meat (Burnett 1989:28). As in the 18th century example above, without cooking facilities, many town-dwellers had no hot food unless they took it to a bakeshop for cooking or bought pies, bacon or baked potatoes from cookshops (Steel 2009:164-167; Gaskell [1848]1970), as pictured below. This gives some historical contextualisation to the role of societal structures and practices in determining the type and quality of foods consumed.



Figure 5: Without cooking facilities, town-dwellers ate during the week 'at coffee stalls or public houses. On Sundays...they took their joint of meat to the baker's to be cooked for a penny' (unattributed illustration in Tames 1973:54; see Reference List).

Mayhew researched the diets of London's poor, mostly street sellers, in the mid-19th century, finding that they ate foods such as meat pies, saveloys, fried fish, sprats, bread and baked potatoes, much of it bought from other street sellers (Mayhew 2008[1851]). This, too, was a mostly processed diet, and an unbalanced one, driven by social and economic pressures, which shaped the food habitus and disrupted the lifeworlds of those who had become the urban poor. Wilson's study of food

adulteration in the 19th century shows that the quality of foods for the poor was low, with meat often past its best, and they were victims of swindling more than other social groups (Wilson 2009:100-101).

At the time, a lack of cooking skills was also criticised (notwithstanding the lack of facilities in poorer homes). A newspaper report from 1864 bemoans the lack of cooking skills among working class girls, who, in adulthood, become reliant on prepared foods such as 'relishes, cooked meat from the shop' and beer or spirits (*Guardian* [1864]16/01/07). A similar criticism in 1901 describes 'the combination of careless methods and downright waste which passes for cookery among the poorer classes' (*Guardian* [1901]03/09/10). These are early illustrations of a tendency to blame the poor for their own predicament.

Experience of land enclosures in the 19th century had seen traditions of foraging and peasant cooking lost, changing dietary habitus and altering lifeworlds in an alienating way. During industrialisation, workers' inadequate diets and limited cooking facilities were of little concern to most employers or authorities (Wilson 2009:21). In a fictional exception to this (though reflecting some mill owners she knew), Gaskell's novel *North and South* portrays an enlightened mill owner establishing a subsidised canteen for workers – a radical development (Gaskell [1854]1994).

Britain's industrialised palate had made itself a ready market for American processed foods long before the rest of Europe (Steel 2009:237). From 1860-1960, British consumption of sugar doubled, fat consumption increased by 40%, and 90% less fibre was consumed (Porter 1999:559), a dramatic illustration of how, over a 100-year period, dietary practices were altered by a changing food supply fuelled by developments in technology and trade. The dietary practices emerging from the habitus, in this case, were highly permeable to such change. Nor were these changes necessarily all palatable ones: recalling Bourdieu's observation that people develop a taste 'for what they are anyway condemned to' (Bourdieu 2010 cited in Chapter 3), by the 1930s many British people preferred tinned milk, peas and fish to fresh versions (Orwell 1937 cited in Steel 2009:237).

Friedmann, one of the food regimes scholars cited in Chapter 4, contextualises today's poor quality diets by finding their origins during the 1930s:

had the poor been able to purchase enough horticulture and meats from local farms beginning in the 1930s, their purchases would have strengthened regional fresh markets in 'advanced' countries, leaving major grains and livestock to industrial agriculture. Instead, those farmers and markets were decimated by half a century of industrialization of food and farming, and the poor (in the US) were given surplus industrial food, which came to dominate the diets of the poor in the [global] North (Friedmann 2009:341).

She finds this process now happening in the global South, as food supply chains there are colonised by transnational companies, affecting farmers, markets and consumers alike. Worst of all, in dietary terms, 'the growing masses of the poor who can no longer access fresh foods find that if they can afford any commercial food at all, it is the least healthy and most durable commodities' (Friedmann 2009:341).

5.6.2 *Food processing today: combining technology and psychology*

Processed foods in recent decades are the result of disassembling constituent commodities in order to 'separate the biological tissues into their biomaterial components, proteins, carbohydrates, oils, etc.' (Watzke and German 2009:136). Once these ingredients have been 'purified' in this way, they are used in formulating 'a vast array of food products, most of which are unrecognizable as the original commodity' (ibid). This is in contrast to the origins of food processing, which aimed to stabilise them during storage (ibid; and Burch and Lawrence 2005:11). Today even the most glamorous ready meals are the product of highly industrialised processes. But technology is not the only driver of changes in food processing. In this section, I will demonstrate how industry expertise in both technology and psychology shapes the development and processing of foods.

Fuller, a food industry chemist, describes how food products are developed 'from concept to marketplace' (Fuller 2005)⁶⁰. He outlines the interacting nature of this process: consumer researchers uncover the 'perceived needs' of potential consumers and relay this information via product statements to food technologists, who in turn develop prototypes which are subsequently tested and refined. Food product

⁶⁰ This citation is part of the title of his book.

development involves ‘a continuing interplay of market research, technology and financial efforts of companies’ so that a new product will make its mark with targeted consumers (ibid:31).

The key steps in food product development are set out in another industry text which advises food industry managers to categorise both consumers and food products:

thoroughly analyze the socioeconomic developments in specified markets, translate consumer preferences and perceptions into consumer categories, translate consumer categories into product assortments, group product assortments in product groups at different stages of the food supply chain...match specified state of the art processing technologies with future needs (Jongen and Meulenberg 1998 cited in Van Boekel 2009:41)

In a consumer-centred model of food processing:

the industry does not formulate products per se, but rather targets the consumer and the eating opportunities to provide a wide variety of benefits, using foods as the vehicles of those benefits. In this model, foods are designed to be more flexible in order to address the specific needs, desires, and aspirations of each consumer (Watzke and German⁶¹ 2009:139).

The need for food, in this context, might be accompanied by the need for convenience, the need for affordability, the need for comfort, for example. So technological capacity is brought together with insights into the lives of consumers, and in the comment cited above, into their psychological states and the ‘needs’ which might be said to derive from those states. This is a commercial attempt to understand the habitus in order to engage with it when introducing new or modified products, and then, through the successful marketing of the products that emerge from this research, changing the habitus, perhaps without the consciousness of the individual ever having been fully engaged. One architect and analyst of digital capitalism, Jaron Lanier, describes this process prosaically (and approvingly): ‘Advertising counter-balances the tendency of people to adhere to familiar habits’, he writes (Lanier 2013 cited in *Guardian* 02/03/13). This is one of the ways the food lifeworld is altered, with some individuals consuming an ever more industrialised diet, having seen it portrayed being consumed by people like them. Examples of this phenomenon are given in subsequent chapters.

⁶¹ Watzke is a food industry scientist. German is affiliated with a food science department of a US university and Nestle Research Centre.

Corporate food science is dependent on a good understanding of ‘how people respond to products at a basic, sensory, subjective level, [and] are by necessity grounded in the measurement of perception’ (Cox and Delaney 2009:278) – in other words, the concepts and techniques of psychology. Food industry scientists need to work closely with marketers and, via them, consumers (ibid:278).

5.6.3 *Hyperpalatability of processed food*

Dr. David Kessler, former commissioner (head) of the U.S. Food and Drug Administration, used contacts gained in his FDA career to interview food industry representatives anonymously (Kessler 2009). One describes how his firm designs food for ‘hedonic’ or pleasurable appeal in an approach called layering: ‘sugar, fat and salt are either loaded [or layered] onto a core ingredient (ibid:19). The resulting ‘fat-on-sugar-on-fat-on-salt-on-fat combinations generate multiple sensory effects’ (ibid:91). The industry also uses chemical flavourings ‘to drive consumer desire’ (ibid:119). These are examples of how advances in food technology are driven by insights into consumer psychology; these two forces are interconnected and mutually reinforcing.

Kessler’s interview with an industry expert in the sensory enhancement of food reveals the range of stimuli foods can provide: ‘flavour...aroma...oral texture...visual texture...manual texture...creaminess...firmness...ease of pour...crumbliness...melt...viscosity...tooth stick...mouth coating...particle size...springiness...compression...adhesiveness...moisture absorption...chalky film...gloss’ (Kessler 2009:90). These are technical terms but they can cue psychological responses in people eating these products.

The image of pizza below appears in this section because of the innovation it features: the surrounding crust is filled with melted cheese, in addition to the cheese on top of the pizza. This development in food technology also cues the psychological response which hyperpalatable foods aim for. It adds fat and calories to a product category not short of these elements and is one way in which consumption can be subtly steered; people who already eat prepared pizzas – for whom regular pizza consumption is part of their Bourdieuan habitus – will be open to this product innovation because it is merely an addition of known elements to a tried and tested product formula. In food

design and marketing terms, because it is similar to existing and successful products, it is not a big risk. Pizza Hut also offers a cheese-stuffed crust.



Figure 6a: Hyperpalatable pizzas: the cheese inside the crust is this product's main selling point. This and the following two Images were scanned from leaflets, delivered door to door.

Having introduced this innovation, about a year later, the following leaflet appeared:



Figure 6b: the cheese in the crust is replaced with hotdog.

The idea that the pizza crust could provide extra value by being stuffed with something other than dough was already established. A variation on the cheese stuffing is this hotdog filling in the crust, as above. Domino's innovation was soon followed, and tweaked, by Pizza Hut below, as another leaflet appeared:



Figure 6c: the pizza is redesigned by a different company. The hot dog feature is introduced as bite sized, to be pulled apart and dipped in a mustard sauce.

Instead of one curved hot dog in the surrounding crust, several smaller hot dogs are inserted as a series of rolls in a pizza formation, with pizza toppings in the centre. This pizza is designed so that it is easy to pull apart – possibly less messy than the hotdog pizza above. All these products are introduced with a price promotion to encourage

their target consumers to embrace the new concept. It is one illustration of how food companies continually refresh product categories by altering formats or ingredients while building on a product that is already familiar to consumers, gradually – and how the convenience/snackfood habitus of target consumers is gradually expanded in new directions. It encapsulates the ‘fat-on-salt-on-fat’ characterisation of food designed for hedonic appeal, as described by Kessler’s food industry informant (cited on the preceding page).

But in making an already calorie-dense and hyperpalatable food even *more so*, there are health implications over time of consuming products like these. Pizza eating has been transformed in the past 50 years from a simple tomato sauce and cheese on a plain crust into this hyperpalatable dish, featuring an ever increasing variety of flavours and ingredients (and calories). How can this kind of product innovation, which increases the quantity of calories while decreasing the quality of the food in health terms, fit with the government’s expectation that the food industry will be removing calories from the food supply?

A key dimension of much processed food is the ease of chewing, as in the case of the pizzas pictured above. Foods which are crispy on the outside may be soft inside and quickly chewed (Kessler 2009:69). This is a technical matter, achieved by replacing water content with fat, the use of binders, chopping techniques and ‘autolyzed yeast extract, sodium phosphate and soy protein concentrate’ (ibid). A restaurant concept designer says processing results in almost an ‘adult baby food’ (Haywood cited in Kessler 2009:95). Thus shredded cabbage and carrot become coleslaw in a high fat dressing; apples become applesauce; brown bread and brown rice become their whitened versions, which have had the bran milled away from them (ibid). In addition to normal bread ingredients in a Big Mac burger bun, it contains ‘high-fructose corn syrup, soybean oil, canola oil, and partially hydrogenated soybean oil’⁶² (Kessler 2009:86). A former Coca-Cola executive describes baked products made with ‘a chemical mix of preservatives and oil’ (ibid:129).

⁶² Although he notes that the partially hydrogenated oil is scheduled for removal.

Kessler concludes: 'by eliminating the need to chew, modern food processing techniques allow us to eat faster...refined food simply melts in the mouth' (ibid).

Technology will always aim at increased efficiency and lowered production costs, but in the case of food products, the technology will also serve the psychological dimension of eating. It is not necessary to embrace the notion of consuming chemical mixes of preservatives and enhancers in order to consume and enjoy palatable food products; indeed few of us will be aware of these chemical constituents as they permeate our diets. Hence no conscious change to the habitus, in the context of dietary practice, is required. But the lifeworld is nevertheless altered as consumers understand less about their food, which is portrayed in ways which divert attention from the chemicalised, industrialised nature of it.

Kessler's book does not discuss class, but Wilson's historical study of additives and adulterations does make modern comparisons in a class context. She considers that 'adulterations' have persisted in the form of additives and chemical/industrial substances, which are more likely to be found in poor quality foods and purchased by those on low incomes. Addressing such consumers directly, she writes:

...your food is liable to be more corrupted than the food of the rich. Your meat is more likely to come pumped with hormones and water. Your bread is more likely to be bleached and enzymed and generally depleted. Your fat is more likely to be hydrogenated. Juice is too expensive, so your children drink squash laced with colourings and sweeteners (Wilson 2009:100).

Nevertheless, the industrialised nature of such products is not overtly featured in images or language used in marketing them. Many of these foods will be tasty and attractive to those at whom they are aimed. In order to afford a healthy diet, those on low incomes would need to grow vegetables, find a good local market or co-op, or an Asian shop selling rice and lentils economically, 'but the disparity is still there. The rich can eat unadulterated food without much bother, whereas for most of the poor, it is a constant effort' (Wilson 2009:100). This link between food and poverty has been made by several studies (for example, Dowler et al. 2001; Hitchman et al. 2002; Dowler 2008a, 2008b and 2012).

5.7 'Health' foods, food science and food product development

'Obesity is now one of the biggest drivers of food-based scientific research. It seems to me that consumers have decided to blame the food and drink companies for making their products taste so good' (food scientist at Unilever; now professor at Birmingham University; cited in Guardian 19/01/10).

Industry's pursuit of 'health' in its food processing naturally focuses on technological solutions. In this section I review industry activities and commentary which focus on the capacity and potential for technology to address consumer interest in healthy eating – even if health is not actually served by resulting products.

The satiety research being carried out by the above scientist and colleagues at Birmingham University aims to curb appetite via 'an aqueous solution that gels into a solid structure in the stomach' (food scientist at Unilever; now professor at Birmingham University; cited in *Guardian* 19/01/10). Other research is looking into the functionality of food components, food structure, taste, texture and flavour. While this food science research is mostly funded by UK research councils, Unilever and the other food manufacturers and retailers contribute 10% of research funding, and constitute the Diet and Health Research Industry Club (Drinc), a subgroup of the BBSRC (Biotechnology and Biological Sciences Research Council) (BBSRC webpage, undated).⁶³

Guthman (a geographer) and DuPuis (a sociologist) set the activities such as these in the context of neoliberalism, describing what happens when consumers become concerned about their dietary health and start to restrict their food intake. One approach is to create functional products like the ones being researched at Birmingham University – 'food products that do not act like food' (Guthman and Dupuis 2006:441). Thus

the substance used as fat in low-fat ice cream or...the new low-calorie sugar, break right through the problem of inelastic demand...the commodity simply passes through the body, enabling the product to be consumed with no weight-gaining effect...new pharmaceuticals...and nutritional supplements designed to reduce the body's absorption of fat (along with essential vitamins and minerals) fulfill a similar function. By thwarting the body's metabolizing functions, these products allow producers to sell much more of these products per person, ultimately speeding up the circulation of capital – another crisis fix (Guthman and Dupuis 2006:441).

⁶³ See Reference List for webpage details

Another strategy is to commodify dieting itself, with low-fat products targeted at these concerned eaters, even while foods such as fruit and vegetables are 'strikingly' neglected (Guthman and DuPuis 2006:441). Fruit and vegetables are important in a healthy diet, but it is expensive to chop and prepare them: 'that's why it's so hard to run a business that sells fresh and healthy foods on a mass scale' (Kessler 2009:122). So in Habermasian terms, the food lifeworld of those targeted with diet foods is disrupted as emerging health concerns are colonised not by overtly healthy foods, but by industrialised foods which themselves constitute a new and growing market for individuals worried about their weight.

Food industry scientists speculate in specialist texts that there will be a growing interest in healthy eating, 'accelerated by the reality that poor choices in foods have been damaging the health of the average consumer' (Watzke and German 2009:148). But health and food intake data as well as consumer research data show that healthy eating is increasingly appealing to some, but not all, population groups (not even all those in high status groups). Nevertheless, the greatest growth area in the food industry is in foods considered (by consumers, according to industry research) to be health-promoting (ibid:149). But this notion hinges on perceptions of healthy products: 'If we can understand the consumer's lifestyle and perception of health we can develop products with functional ingredients that will address these needs and create value for the consumer – from the consumer's perspective – as well as the food industry' (Wennstrom and Mellentin (2003:31). Looking ahead:

the key [for the industry] will be to build sufficient knowledge on the relations between personal health and appropriate diets to create a new marketplace reality. The opportunities to capture consumers and market share are massive. Growing scientific knowledge and technological advances will race to meet these needs and opportunities (Watzke and German 2009:149).

The role of science and technology is central to future development of health-promoting foods for health-seeking consumers:

Growth in personalization of health will create many challenges to the food industry but at the same time open the door to immense opportunities...the technological capabilities of food material processing can expand in many respects...As the diversity of consumption opportunities increase and individual health drives greater diversity into food processing, the processing of foods will move closer and closer to the actual consumer. Personal choices for products will be in part replaced by personal choice for processes (Watzke and German 2009:135).

The authors of the Food and Health Marketing Handbook state that while the market for food products in general is growing at 1-3% annually, the market for ‘functional foods’ – those described as positively affecting physical functioning – is experiencing 15% annual growth (Wennstrom and Mellentin 2002:1).

Food industry research shows that people define health in positive terms, seeing it in terms of feeling energetic: ‘that’s why one of the fastest growing areas of the functional foods market is energy-boosting products’ including snackbars, sports beverages, and Red Bull, which contains caffeine. This is not technically a healthy drink, ‘but those who buy it don’t see it that way. Companies need to understand that’ (Wennstrom and Mellentin 2002:16). This seems a crucial statement, signalling that industry can and should use confused understandings of the actual health status of food/drink products to sell such products; consumer *perceptions* are key, whether they are accurate or not. This leads to people making choices they believe are healthy, or at least not harmful, when this may not be the case. These food/marketing industry comments, freely acknowledged in commercial texts, could usefully inform public policy and inquiries into industry practice, such as those held by parliamentary committees as discussed in Chapter 1.

5.7.1 Energy Drinks: a case in point

In the case of ‘energy’ drinks, their health status is problematic. A systematic review of studies of the health effects such beverages have on young people notes a link with obesity (Seifert et al. 2011). Furthermore, energy drinks which contain caffeine are not regulated because their manufacturers describe them as ‘natural dietary supplements’ (ibid:520) and they are not therefore subject to the same caffeine limits as other soft drinks. The authors conclude:

Energy drinks have no therapeutic benefit, and many ingredients are understudied and not regulated. The known and unknown pharmacology of agents included in such drinks, combined with reports of toxicity, raises concern for potentially serious adverse effects in association with energy drink use. In the short-term, paediatricians need to be aware of the possible effects of energy drinks in vulnerable populations and screen for consumption to educate families. Long-term research should aim to understand the effects in at-risk populations. Toxicity surveillance should be improved, and regulations of energy drink sales and consumption should be based on appropriate research (Seifert et al. 2011:511).

Given these concerns, it is important to acknowledge the increase in consumption of 'energy' drinks. In the UK in 2010, consumption of take-home glucose and stimulant beverages (Red Bull, Gatorade) rose 19% in quantity and value, according to an industry report (*Guardian* 23/03/11). In 2011, growth was 17% (*Marketing Magazine* 25/04/12). The total value of the energy drinks market in the UK was £792m (ibid). New drinks in this category include Coca-Cola's Powerade Energy and AB Barr's Rockstar Pink, 'a drink aimed at women' (ibid). In the image below, energy drinks machines have been installed in a sports centre in the corridor en route to the fitness studio. The beverages are aimed at those on their way to do a workout and are overtly associated with physical fitness. The language used to describe products uses terminology such as: 'build explosive power'; 'maximuscle'; 'promax meal bar'; the brand name on the machine itself is 'Lucozade Sport'.



Figure 7: Energy drinks and snacks for sale in a community sports centre. Photograph commissioned for this thesis.

So despite the health risks, especially with increased consumption, these drinks continue to be labelled and understood as 'energy' products with 'functional' roles in the human body and in at least some cases, as in the image above, a strong link is made with health. Clinical research and expressed concerns have not yet permeated the production or consumption of such products; the language used diverts attention from health concerns to focus on a more positive interpretation of the action of the drink on the human body.

In marketing literature, retailers are advised that 'designing and positioning functional products so that they fit readily within the consumer's lifestyle without major

behavioural change, or even enhance that lifestyle, is already well established as a critical success factor for functional foods' (Wennstrom and Mellentin 2002:16). This recalls a Bourdieuan concept of habitus: established eating patterns cannot easily be dislodged, so new products are most likely to succeed if they build on those which already exist, and which are already part of consumers' lives. Understanding consumer psychology and lifestyles is vital: retail success relies 'not only [on] the excellence of your science but the excellence of your understanding of the consumers' lifestyle, needs, beliefs, values and psychology' (ibid:5). Thus, tapping into well studied patterns of behaviour and preferences, Lucozade Energy drinks, targeting 16-24-year-olds, invited social network users to a web page where they could access music content aimed at this agegroup (*Marketing Magazine* 02/03/11b). So while energy drinks might not have previously been part of their dietary habitus, by targeting this group through music they already listen to, and associating the energy drinks with the kinds of people who listen to such music, the habitus is subtly permeated. The blackcurrant variant of this drink is being launched with a £1m marketing campaign (ibid).

Wherever possible, existing products should be modified, since new products are commercially risky (Wennstrom and Mellentin 2002:4). People are creatures of habit; therefore, building on what they are already familiar with is a reliable strategy. Thus food manufacturers should 'increase value-added by using the new nutrition science to add health benefits to products in the food categories in which they are already competing' (ibid:16). In Bourdieuan terms, it is possible for outside agents to alter the habitus, but it is easier to sell products which are similar enough to products already consumed by the target group – already a part of their dietary habitus – that a major change in the habitus is not required.

Consumers have widely differing understandings of what constitutes healthy foods. Wennstrom and Mellentin attribute this to 'the massive increase in the amount of media coverage of food and health and the increasing advertising of products which offer health – and the apparently contradictory nature of many of the messages consumers receive' (Wennstrom and Mellentin 2002:5). Thus 'healthy' eating can range from 'low-carb high-protein diets to the wheat-free diets or low-fat foods, energy drinks and so on' (ibid). With the fragmentation of consumer understanding of

healthy foods, mass market success is difficult: 'most functional brands perform as niche products' (ibid). However, it is possible to 'evolve brands from the niche towards the mainstream' and they encourage firms to do so (ibid). The sales figures for energy drinks in the preceding pages marked growth in product use; they are now a normal part of the background of sports centres and the practice – and habitus – of those who engage in sport and fitness.

5.7.2 Low-fat products and health

Not all 'healthy' fast food and snack products are this successful, yet they may still be worth manufacturing and retailing for other reasons. Kessler asked a food industry executive if low calorie/low-fat products sell well. The executive responds: 'Who cares? You're going to build your image' [that the company is addressing health issues] (Kessler 2009:131). In the UK, KFC, Subway and McDonald's all offer low calorie/low-fat options. But do they appeal to their customers? Noting our stronger attraction to palatable food, one marketer writes, 'It's no coincidence that fast food companies often launch healthy products that customers don't actually buy' (Graves 2010:18-19). He cites skinless chicken at KFC, low calorie pizza at Pizza Hut and the reduced fat McDonald's McLean burger as having failed (ibid). So some fast food retailers acknowledge generalised public pressure (if not from their own customers) to produce healthy versions of their products, and this is justifiable even if it is not commercially successful. It allows such firms to continue to develop and market products for their main customer base, who are not attracted or diverted by these 'healthy' items. From the examples discussed in this chapter, it seems easier to divert an already unhealthy dietary habitus towards new products which are hyperpalatable and unhealthy than to try and convince this group to eat healthy versions of products they already consume. Those who are interested in healthy eating presumably purchase food elsewhere and may be sceptical – if they are aware at all – of the 'healthy' versions of fried chicken, pizza and hamburgers. This activity is ultimately a distraction from the larger, core commitment to producing calorie-dense foods for targeting low status people.

The health status of low-fat products is controversial. Wansink and Chandon found that people tend to 'overconsume' such products and that this may contribute to

weight gain (Wansink and Chandon 2006:605). Their (marketing) research finds that everyone, but especially those who are already overweight, consumes greater quantities of snack food labelled as low fat (ibid:606). Ingredients which replace fat in low-fat foods may have 'a watered-down taste, which consumers may try to offset by consuming more' (ibid:616).

People tend to confuse the low-fat designation with low cholesterol and low calorie (Wansink and Chandon 2006). Yet 'low-fat foods typically compensate for the reduction in fat by an increase in carbohydrates' (Burros 2004 cited in Wansink and Chandon 2006:607). A British director of an innovation company notes that sugar is used 'extensively to hide bad tastes in low-fat foods' (though a new, lower calorie sweetener is being developed) (*Marketing Magazine* 11/01/11).

Studies show that consumers are not able to track accurately the amount of calories they are consuming (Wansink and Chandon 2006:607). In a range of products surveyed, even those with nearly 60% less fat had only 15% fewer calories than the standard version of the same product (ibid:609). Calorie estimates were markedly lower among overweight eaters, who ate more low-fat products (ibid). These food marketing authors allude to a finding by a nutritionist that the nutrients used in place of fat actually make people feel more hungry (Nestle 2002 cited by Wansink and Chandon 2006:607). They note the confusion experienced by consumers of all types when faced with the terms "reduced calorie" or "low carbohydrates" and manufacturer-developed labels such as "Sensible Snacking" (Nabisco/Kraft), "Smart Spot" (PepsiCo) and "Healthy Living" (Unilever) – all of which lend a "health halo effect" (Wansink and Chandon 2006:614). In adopting a critical perspective on healthy eating discourse, it is clear that consumers need to be aware – and wary – of these terms. Even food industry voices acknowledge that consumers are confused about what constitutes healthy foods; some are prepared to exploit such confusion to bolster sales. Reformulated processed foods may be an improvement on their predecessors, but how 'healthy' are they?

Referring to the replacement of fat by sugars, grains or starches in low-fat foods, the Harvard School of Public Health (2012)⁶⁴ describes the result: 'our bodies digest these refined carbohydrates and starches very quickly, causing blood sugar and insulin levels to spike and then dip, which in turn leads to hunger, overeating and weight gain'. Furthermore, in cutting back on fat intake, people might 'stop eating fats that are good for the heart along with those that are bad for it' (ibid).

There is a further, paradoxical problem with the marketing of 'healthy' foods which has been identified by marketing academics themselves. Geyskens et al. (2007) tested whether indirect or implicit health references and images ('primes') in the food purchase or consumption environment affect consumption (Geyskens et al. 2007:118). They find that, paradoxically, background health messages increase consumption and lower risk perceptions; they also bias people to think they are closer to their ideal weight than they are. This also increases consumption: 'consumers may believe that they can devote less effort to their diets than in situations without health primes' (ibid:122). These findings build on earlier research which found that healthy product images (use of thin models in food advertising, for example) may lead consumers to consume more because, identifying with these healthy looking models, they temporarily distance themselves from their goal to restrict food intake' (ibid:119-120). Alternatively, over-consumption may be prompted as a coping mechanism: 'health references may induce consumers to realize that they are not healthy at all, which may demotivate them to stay with their plan' (ibid:123). Among people who stockpile low-fat foods, not perceiving a risk of weight gain from eating them, and influenced by the healthy references on these products, over-consumption would be the result.

A previous study by Chandon and Wansink (2002) showed that 'stockpiling makes people consume convenience products at a faster rate' (cited in Geyskens et al. 2007:123); the same could happen with 'virtue' convenience foods. The authors express concern for consumer welfare and urge public policy regarding obesity to take account of these phenomena (ibid). The government's request for the food industry to

⁶⁴ Harvard School of Public Health (2012) 'Fats and Cholesterol – The Bottom Line' <http://www.hsph.harvard.edu/nutritionsource/what-should-you-eat/fats-and-cholesterol/index.html> (Accessed 10/04/12) Boston

make processed foods healthier – a strategy also supported by the WHO in 2004 for tackling obesity (Geyskens et al. 2007:118) – needs to be seen in this light. Lowering fat content and using images and messages to promote health has some paradoxical effects.

This section has revealed the insights of food and marketing industry practitioners and academic marketers in either promoting or critiquing the use of the ‘health’ concept in formulating and marketing food and drink products. In the diet-health context of this thesis, the use of terminology and formulations to position food as healthy can add to confusion among consumers about what constitutes healthy food and drink, and increase consumption of products that are in fact problematic for health (particularly as consumption increases, which is what the marketing of these products is designed to achieve).

5.8 Food, habit, consciousness and consumer ‘choice’: industry perspectives

‘We become who we are by copying others...through the interaction of copycat individuals, a crowd (or market) can develop strikingly consistent behaviour without any agreed or planned intention to do so’ (Earls, a marketer, 2009:14,41)

‘Over 85% of consumer buying behaviour is driven by the non-conscious’ (Buyology Inc. cited in The Economist 17/12/11).

The underlying assumption of healthy eating discourse – that one’s diet is a matter of choice – is frequently cited by the food industry in defence of its activities, as discussed in Chapter 1. In a previous section, the linkage between technology and psychology was made. But if an understanding of human psychology is so central to developing and selling consumer products, how ‘free’ is the consumption activity which emerges from psychological states? How effectively can industry engage with those states to shape them? This section investigates what industry figures say about the nature of choice in their own specialist texts, written for industry consumption. As with their acknowledgement of the role of socio-economic status in food consumption in the previous section, there is a more nuanced understanding of choice in these texts than in public pronouncements by industry representatives. This section investigates industry perspectives on how food choice is shaped by biological factors, social background and environmental cues.

Food and consumption research, whether by food scientists, psychologists or marketers, in industry or in academia – and there is some movement back and forth between these two worlds, alongside extensive food industry funding of academic research⁶⁵ – does not hesitate to use the term ‘choice’ in the context of diet. However, much research interest is focused on what motivates consumer behaviour, and it is acknowledged that food ‘choice’ is not always conscious. Indeed, the fact that it is habit-based is seen as an important insight in positioning foods so that target consumers will encounter and purchase them automatically and regularly (without their *habitus* being challenged). Central to this is effective siting of food retail outlets: location is a ‘transcendental decision’ for companies in terms of supply logistics and because of the need to serve the socio-economic group in the catchment area of the store (Gonzalez-Benito and Gonzalez-Benito 2005:295).

Even among those who express an interest in healthy eating, Wennstrom and Mellentin dispute the notion that people buy foods simply for

their sensory appearance, freshness, safety, nutritional quality, healthfulness, convenience or price. These factors undoubtedly affect our food purchases, but we are still constrained in our choices by the routines, habits and associations that have surrounded our interactions with food throughout our lifetimes (Sims 1998 cited in Wennstrom and Mellentin 2002:67).

Echoing Marx and Bourdieu, we will only be alert to sensory characteristics and nutritional quality if these things have been part of our ‘habits and associations’.

Underlining the habit-based, indeed *habitus*-based nature of eating, ‘most of us eat foods from a core group of about 100 basic food items...we choose our evening meal from a repertoire of around 8-10 recipes’ (Wennstrom and Mellentin 2002:67).

Another marketing author describes consumer choice of brand or store as

a function of the specific contingencies or reinforcement operating in a given setting plus the individual factors brought to the setting by the consumer – his or her prior experience with brands or stores, for instance, which determine the detailed influence of the situation on his or her behaviour. It is the combined effect of the personal and environmental factors, and their interrelationships, summarized in the BPM (behavioural perspective model of marketing), that transform the general setting into a situation of immediate personal relevance to the consumer (Foxall 2010:8).

⁶⁵ For example, staff profiles in food, nutrition and food marketing courses at Sheffield Business School reveal the route from university to the food industry and back into university teaching for many staff members. Marketers, nutritionists, behavioural psychologists and exercise scientists are all on the faculty here. <http://www.shu.ac.uk/sbs/research/food-innovation/staff.html>

According to this model, each consumer has a 'learning history' based on their accumulated experience of the product category (Foxall 2010). Such experiences are reinforced as they are repeated in a given setting (for example, a fast food outlet or supermarket): 'It is that learning history that determines what can act as a reinforcer or punisher for that individual and thus the probability of his or her behaving in such a way as to produce those consequences' (ibid:78). So consumption experiences influence subsequent consumption choices, as shown by studies relating patterns of consumption behaviour to 'reinforcement schedules' (ibid:19-23). This constitutes a strategic attempt by industry to shape what Bourdieu found emerges naturally in human practice. Consumer products in a range of areas, alongside their strategic marketing, can, over time, influence behaviour through the capacity to tap into existing practice and psychological states or needs.

Lang, a food policy academic and critic, concludes that 'democratic access to health-enhancing diets is mediated by price structures, income, class, location, culture, which all warp the fabled level playing field in which consumer votes drive markets' (Lang 2009b:328). Instead, 'choice-editing' takes place: for example, food retailers pre-choose the range of products to present to target consumers along with appropriate presentation styles (ibid:329). Health concerns are part of this process only if they fit the profile of the target purchasers. While politicians and marketers continue to speak of consumer choice, or healthy choices, or dietary choice, 'no advertiser...takes such a simplistic position; marketers and the entire consciousness industry wants to know what determines choice, how extensive it is and whether everyone exerts this in the same way, and how and when behaviour changes' (Lang et al. 2009a:224).

Marketing has the power to influence consumer tastes and alter norms based on what is learned from the food industry's sensory research, resulting in the highly processed, highly palatable diet consumed by many of us, and in the pervasive siting and bundling of such products. Koster, a food industry psychologist, insists that conscious choice is a fallacy in dietary matters, where habit, instinct and emotion are pivotal: food consumption is 'not available to introspection' (Koster 2009:76), much as psychology researchers pointed out decades ago (see Chapter 6), and as 'nudge' thinking now appears to accept. Referring to pioneering marketing work in the 1950s, Stanford

University's director of marketing management said, 'We've come back full circle...emotion is back in, the unconscious is back in' (*Economist* 17/12/11).

Social psychologists, reporting to the previous UK government in the Foresight report on obesity, speak of the unconscious, habitual nature of much consumption behaviour (Maio et al. 2007:3). Marketing textbooks describe the often subconscious nature of consumer motivation, and the need for market research to avail itself of indirect research techniques; focus groups should be led by 'motivation researchers' trained in clinical psychology (Dibb and Simkin 2009:119). 'Projective techniques' require participants to perform a task which is then analysed for unconscious motivations that participants might reveal (ibid:119). The lessons from such research are used to help 'position' products, giving them a distinct image in the hope that such images will lodge in the minds of target consumers (ibid:193). The company's overall reputation is also a factor in shaping consumer perception and positioning individual products (ibid:194).

Food industry scientists Watzke and German write that until recently:

food products themselves, not the consumers, have been the overt targets and designs of the science of foods. This approach has been adequate to the task of providing a wide range of product choices in the food marketplace [and] has also created an effective delivery system for essential nutrients through various fortification methods. The result is nutritionally adequate diets to populations (sic). But this strategy is neither designed nor able to achieve optimal diets for individuals within populations (Watzke and German 2009:134).

Who is responsible for this course of events? The problem, as these industry scientists see it, is at the level of individual choice: 'Faced with a highly diverse food supply, individuals within societies are pursuing widely different dietary intakes of nutrients, caloric content and macronutrient compositions. These are all in conspicuously diverse foods that vary in structure [and] complexity' (Watzke and German 2009:142).

In describing their understanding of choice in this context, there are echoes of a Bourdieuan habitus: 'the development of preferences for sensory attributes of foods – principally olfactory preferences – persists through much of an individual's life, guiding his or her lifelong food choices' (Watzke and German 2009:143). Palatability is not an

objective, scientific property; it is based on our experience of tasting food when young and the habits we develop later in life:

The imprinting of sensory preference is perhaps the least understood but most influential in the conditioning of modern humans to their habitual diets. Humans apparently do not rely on nutrient cues to guide their food choices...[but] on a system of acquired food preferences...The remarkable property of olfactory preference is the process by which positive and negative preferences for particular flavors are acquired ...early in life (German et al. 2007 cited in Watzke and German 2009:143)...Flavor preferences for foods with poor nutrient quality, *if acquired by an individual early in life*, will guide a lifelong habit of poor food choices (Watzke and German 2009:143; emphasis added).

This entirely instrumental observation with its terms such as ‘acquired food preferences’ lends some empirical weight to the theoretical proposition regarding the habitus-based nature of food preferences and situates it solidly in the highly empirical and market-driven world of processed food.

In 2011, the House of Lords Science and Technology committee on behaviour change called expert witnesses from the food industry, who acknowledged the importance of commercial interests in food retailing:

Richard Wright, Director of Sensation, Perception and Behaviour at Unilever, told us that “the reality...is that any business is in business to make money” and that opportunities to influence behaviour will be taken if they are a means to selling more products. Mr King⁶⁶ said that decisions taken by Sainsbury’s that might discourage consumption of unhealthy products, for example removing confectionery from their checkouts in some stores, were taken when they were what the customer wanted rather than on the basis of any judgement about improving the health of consumers. Mr Letwin⁶⁷ indicated a similar view when he said that working with businesses through voluntary agreements involved thinking about whether the agreement was “possibly in their commercial interest” (House of Lords 2011:40).

Wright, King and Letwin articulate the commercial interests which must be central to business decisions. The lessons of product siting are very publicly discussed by food marketers amongst each other (see Chapter 6) and criticised by health campaigners (NCC, Chapter 7).

But alongside commercial interests where food consumption is concerned, health is also at stake. In the developed world, an ageing, sedentary population is gaining

⁶⁶ Chief Executive, Sainsbury’s

⁶⁷ Cabinet office minister responsible for co-ordinating government policy

weight and experiencing a greater incidence of hypertension and diabetes, conditions which are ‘propelled by poor diets’ (Alberti 2001 cited in Watzke and German 2009:148). These food industry scientists conclude that ‘diseases including atherosclerosis, obesity, diabetes, hypertension, and osteoporosis are attributed at least in part to food choices’ (Watzke and German 2009:167). Earlier in this same text, these authors described the decisive role of olfactory preferences (by definition, early life experiences of food) on food choice throughout life; so ‘choice’ is clearly circumscribed.

5.9 *Food industry health concerns: how food structure can affect metabolism*

If choice is not a completely conscious matter in the area of food consumption, and dietary health, particularly among lower status groups, is a concern even for industry scientists, how do they understand food-health risks? This section explores the science and technology of food processing and nutrition, and the ways in which it may be contributing to health problems and bodyweight imbalances. Even where risks cannot be known with certainty, important areas of *uncertainty* among both industry and non-industry scientists and researchers are revealed. Arguably these are relevant considerations for public policy.

A growing understanding of the function of diet in altering ‘physiology, metabolism and immunological functions’ has led to greater concerns about safety in food (Watzke and German:134). These industry scientists acknowledge that maternal diet affects the future health of children: ‘adipocyte hyperplasia⁶⁸ early in development is one of the factors that accounts for the predisposition of adult obesity in children who are overweight’ (Ailhaud et al. 2008 cited in Watzke and German 2009:143; they surely refer to the future (adult) obesity of children whose mothers had poor diets). Further links are made between the role of diet, and especially protein content, and muscle mass, with its influence on metabolism. The authors note that the condition of muscle mass could alter an individual’s response to ‘various health states and diet’ (Peterson et al. 2007 cited in Watzke and German 2009:143).

⁶⁸ Adipocyte hyperplasia is increased production of fat cells, found in some types of obesity (Naaz et al. 2004).

Most people are not deficient in vitamins and minerals, but:

most diets today are instead unbalanced in terms of calories and macronutrients (Popkin 2006 cited in Watzke and German 2009:149). Research is only beginning to recognize that macronutrient imbalances lead to chronic dysregulation (sic) of normal metabolism within susceptible individuals. Such metabolic disorders are eventually devastating to the health of the population, promoting diseases,⁶⁹ and are characterized as an epidemic of endogenous, noncommunicable diseases' (Quam et al. 2006 cited in Watzke and German 2009:149).

Food industry solutions to this are focused on reducing fat and calories in processed foods, including:

reduction or replacement of the fat in the food by substituting, wholly or in part, some less calorically dense material (fat extender). Fat extenders...provide fewer calories than the fat they replace; [alternatively there is the possibility of] reduction or replacement of the fat with some nonabsorbable substance (fat mimetic or replacement) with fat-like properties...It is in this area that developers of new food ingredients have concentrated their efforts (Fuller 2005:298).

But there is particular concern about fat digestion and the role of 'multiphase mixtures' on the digestion process and 'postprandial lipid state' (Watzke and German 2009:156). Little is known about this in the context of what they term the 'overall food structure "solution space"' or how the effects of multiphase mixtures might influence overall health (ibid).

By contrast, more has been understood and communicated about the glycaemic index or glycaemic response (Watzke and German 2009:156). While this concept can be over-simplified:

it is clear that the composition and amount of carbohydrates alone do not correlate with postprandial glycemia (Dickinson and Brand-Muller 2005). The fact that food products with the same composition but different structures generate different postprandial metabolism of carbohydrates, lipids, and amino acids and their various signalling hormones illustrates that the food structure itself is important to the overall metabolic regulation. Yet nutritional scientists have not developed a detailed comprehensive understanding of how different aspects of food structure beyond that of gross composition affect the nutritional, metabolic, physiological, and immunological responses to foods (Watzke and German 2009:157).

However, metabolic response is known to vary according to carbohydrate structure, and the same may be true for 'other aspects of food structure'.

⁶⁹ I inserted the foregoing two commas as the original text made no sense without them.

Ames, a biochemist who has researched nutrition-related disease, would disagree with Watzke and German's comment that most people are not deficient in vitamins and minerals. He finds such micronutrient shortage to be widespread, and investigates the outcome of diets in which convenience foods dominate. He proposes that in overeating high-energy, high-fat foods, a kind of metabolic 'triage' or emergency response to the search for missing micronutrients is at work (Ames 2006:17591). In this process, the body allocates scarce resources, or nutrients, to ensure short-term survival at the cost of long-term health risk. While such diets are themselves linked to metabolic disorders leading to degenerative illness, the drive to consume them continues in an acute yet chronic reaction to the need for the missing nutrients: 'Suboptimal consumption of micronutrients often accompanies caloric excess and may be the norm among the obese and contribute to the pathologies associated with obesity' (ibid:17589). This could explain why satiety is not achieved with moderate consumption of high-energy, high-fat foods and should be considered alongside psychological insights regarding satiety and overconsumption of food.⁷⁰

This pattern of 'episodic deficiencies' must have characterised human life during periods when essential nutrients were unavailable or insufficient because of food shortages. We may experience them now, paradoxically, because of over-consumption of inadequately nutritious food. Concluding a review of 156 studies, Ames's proposed solution is for those at risk of micronutrient deficiencies – especially the poor, teenagers and obese people – to take a multi-vitamin and mineral supplement, a strategy he believes is more likely to improve health among these groups than exhortations to eat more healthily (Ames 2006:17592-17593).

Making foods from a variety of component ingredients has allowed industry to add essential nutrients, thus enriching food products. But health could still be at risk: 'The enrichment of many foods with nutrients perpetuated a sense of confidence that the population was well nourished, and yet wider choices meant that subsets of the population could easily place themselves at risk, simply, of unbalanced diets' (Watzke

⁷⁰ As outlined in Chapter 4, human beings have a natural (evolutionary) preference for energy-dense, fatty foods (Kessler 2009). These generate weak satiety and increased tolerance for heightened consumption, resulting in weight gain along with a natural (biological) resistance to weight loss (Canoy and Buchan 2007:3). Ames suggests overeating may be an attempt to ingest necessary micronutrients.

and German 2009:137). This is particularly true for those eating lower priced processed foods:

in this [lower price] model, the food industry must constantly look for the means to reduce the cost of ingredients, processing and distribution...*the products emerging from this enterprise are neither designed for nor consistent with the optimum health of consumers* (Watzke and German 2009:136; emphasis added).

Yet lower priced processed foods, of admittedly lower quality, are produced in enormous quantities, in all food/meal categories. Earlier in this chapter, industry voices acknowledged that consumers are confused about what constitutes a healthy diet, and that food ‘choice’ is not fully conscious. Additionally, over time, ‘subsets of the population were choosing diets that were not optimal’ (Bowman 2002 cited in Watzke and German 2009:137). These food industry scientists link food consumption to an array of illnesses – ‘atherosclerosis, obesity, diabetes, hypertension, and osteoporosis’ and conclude that ‘food and nutrition research must adapt to these challenges and consider strategies to solve them’. They express particular concern about the role of emulsifiers, which are investigated in the following section.

5.10 *Emulsifiers, toxicity and overeating: how is health affected?*

Much remains to be learned about how the human body responds to the altered food structures which characterise processed food. Some potential health problems associated with food processing techniques and technological developments have not been fully understood by either policymakers or consumers themselves. But the texts discussed in this section indicate that scientists do not fully understand them either, despite continuing research. Technical progress leading to food processing breakthroughs may also have implications for health which were not foreseen, and which may take many years to detect and assess.

It was safety considerations – the need to eliminate ‘microbial and chemical toxicities’ – which originally led to the separate processing of individual food components (Watzke and German 2009:137). As foods have become safer and more convenient, a growing number of consumers are ‘freed’ from the obligation to prepare their own meals (ibid). The additional food industry goal of making foods more palatable was achieved through processing:

assigning molecules and structures to the complex and sophisticated sensory targets made it possible to formulate food ingredients to enhance the taste, flavour, texture and even color of processed foods...Gels, fibers, emulsions, and foams are complex food structures that are explicitly formed during food processing and preparation...to contribute to the desired stability, shape, texture and taste/flavour of the final foods (Watzke and German 2009:137).

These food structures provide products 'with distinct textural, mouthfeel, stability and unique flavour-release properties' (Watzke and German 2009:154). Thus the palatability of foods is enhanced, so consumers will want to eat them. To make sure, consumer panels for palatability testing are held during product development 'to figure out what proportion of which elements will be acceptable to a consumer' (former Nabisco executive cited in Kessler 2009:98).

But there may be a problem with emulsifiers. Erik Millstone of Sussex University has speculated on a relationship between emulsifiers and obesity:

Emulsifiers are used to suspend oils and fats in aqueous solutions, and *vice versa* (Whitehurst 2004). In recent decades, the quantities of emulsifiers used in the food supply have risen markedly, and so too has the fat content of consumers' diets....The incidence of obesity in all industrialised countries is also rising rapidly, so if the use of emulsifiers was more tightly restricted, that might make a significant contribution to combating the obesity epidemic. When risk assessors...[assess] the risk from emulsifiers, they maintain their long-standing practice of confining their attention narrowly to toxicological issues...While emulsifiers may well be toxicologically innocuous, they may nonetheless be exerting a significant and collective adverse impact on public health nutrition, but that issue is currently outside the scope of official risk assessment (Millstone 2009:632).

The food industry's concern with safety is a matter of avoiding acute toxicity in which cause and effect is clear, usually in the short term. But is there is a longer term, chronic sense in which foods can be considered toxic? Alongside Millstone's concern with emulsifiers and obesity, Lustig, a pediatric endocrinologist, concedes that

sugar and high-fructose corn syrup are certainly not "acute toxins" of the kind the FDA typically regulates and the effects of which can be studied over the course of days or months. The question is whether they're "chronic toxins," which means not toxic after one meal, but after 1,000 meals...It very well may be true that sugar and high-fructose corn syrup, because of the unique way in which we metabolize fructose and at the levels we now consume it, cause fat to accumulate in our livers followed by insulin resistance and metabolic syndrome, and so trigger the process that leads to heart

disease, diabetes and obesity. They could indeed be toxic...Until long-term studies are done, we won't know for sure (Taubes 2011, citing an interview with Lustig).⁷¹

Cancer researchers Parkin and Boyd estimate a ten-year span between low fruit and vegetable intake and the appearance of cancers; and a similar latency for cancers related to red and processed meat consumption (the ten-year latency is 'the average interval between "exposure" and the appropriate increase in risk of the cancers concerned') (Parkin and Boyd 2011, Parkin 2011a and Parkin 2011b:S4)⁷².

Millstone is critical of the narrow definition of health risk where additives are concerned and our food industry scientists appear to share his concern:

even small changes in food structure can influence subsequent metabolism. Armand et al. showed that a food material containing large-sized emulsion particles (low interfacial surface) produced a more rapid appearance of lipids in blood than the same quantity of dietary fat in smaller sized emulsions (Armand et al. 1999 cited in Watzke and German 2009:157).

I checked the Armand et al. study they refer to, which found that fat globule size influenced digestion and assimilation of fat in the body: 'Fat emulsions behave differently in the digestive tract depending on their initial physicochemical properties' (Armand et al. 1999:1096). By 2012, this article had been cited 100 times. I trawled these articles for recent reviews of the research.

Eleven years after Armand et al.'s study, a review of 144 studies (Golding and Wooster 2010) found there remained 'surprisingly little consideration...given as to how food structure impacts on fat digestion and metabolism'. Yet there was a 'pressing need for the food industry to develop strategies to combat obesity' (ibid:93). The review concluded that 'quite profound differences in lipid digestion can be observed based on emulsion design'. But this has been seen only in highly modelled (in vitro) systems; the challenge was to replicate these findings in actual foods (ibid: 99).

Another review assessed 240 studies on fat digestion to reveal ways in which food industry engineers 'can adjust the digestive behavior of emulsified fat, focusing on

⁷¹ http://www.nytimes.com/2011/04/17/magazine/mag-17Sugar-t.html?pagewanted=all&_r=0

⁷² Parkin notes in (2011b:S4) that 'detailed quantification of risk is not available for most exposures' and that categories of risk for population groups would be impossible to establish. Nevertheless, the 10-year period gives some shape to the notion of extending concepts of toxicity to encompass longer timespans.

food structuring, for example to change the digestibility or to make it more satiating' (van Aken 2010:259). This review also concurs with the Armand study but concludes:

It is not obvious if a special structuring, emulsification or protection of the fat can also be used to induce a long-term reduction of food (and fat) intake. Several patents claim to achieve a reduction in food intake, suggesting the involvement of the ileal brake mechanism. However, this explanation is not supported by fundamental studies in literature (van Aken 2010:279-80).

Additionally, this review cites evidence of 'fat-induced adaptation of the digestive system to high fat intake, leading to increased preference of fatty food and including abnormalities of the pancreas...leading to metabolic syndrome' (van Aken 2010:280). Furthermore, 'even when eating has stopped by physiological satiety processes, *the introduction of a new food type can restart eating, showing that satiety is to some extent "sensory-specific"*' (van Aken 2010:269; emphasis added).

Among scientists in the food industry and beyond there is a clear desire to address the possible contribution of emulsifiers in processed foods to obesity, but since Armand et al.'s 1999 observations, solutions have not yet been found. The food industry's aim would be to reformulate those food products which prompt fat absorption and delay satiety. But if people find they can be satisfied with lesser quantities, this could lower consumption – and sales. On the other hand, even if emulsions can be modified so as to stimulate satiety and slow food intake, van Aken finds above that this effect is weakened if another type of food is subsequently eaten. Those who have already adapted to a high fat intake, with an increased capacity to eat fatty foods, would appear to have damaged satiety mechanisms.

Food scientists also acknowledge that food structures alter digestive processes beyond the satiety mechanism:

Food composition and structure continue to play a key role in the colon, modifying the microflora, the populations of bacteria and their physiology, the intestinal crosstalk that results and the metabolic products of bacteria that fuel and alter the health of the epithelial lining. The complexity of the gut and its myriad physiological, immunological, metabolic and neurological processes makes it clear that the postprandial state is sensitive to more than the simple composition and energy density of the food. The structural dimensions of the food influence the amount of the nutrients and the time and location in which they are solubilized and absorbed into the body (Watzke and German 2009:160).

All these findings emerge from a complex, specialist literature, but social scientists and policymakers need to grasp their importance for public health. The frank discussion among food scientists inside and outside the industry makes it clear that the very nature of processed foods may be an important, overlooked contributor to both overconsumption of food and diet-related ill health.

5.11 Conclusion

In this chapter I reviewed developments in agriculture which have led to changes in the food supply, and the implications for food processing, retailing and eating habits. While the growth in bodyweight among the population overall, and the health consequences of over-consumption, are unique in history, there is a dimension of historical continuity in the globalisation and processing of food. In this chapter, there were early examples of the reliance of lower classes on processed foods, and the lengths to which 19th and early 20th century food suppliers were prepared to go in altering foods and lowering their quality and safety until regulations made this impossible. Advances in food production technologies encompassing both agriculture and processing, and the globalised nature of their structure and financing, have combined with the capacity of food product developers for working with dramatic changes in the food supply to suit the tastes of groups identified as likely consumers for a given product. Current trends in diets and bodyweights are rooted in radical changes to food production; this chapter traced this linkage.

It also saw marketers and food scientists engaging with notions of what is recognisable as a commercial version of Bourdieu's habitus and industry's awareness of the need to interact with it as it designs and markets its products. Food industry texts acknowledge the lifelong influence of flavour and dietary preferences established in childhood, the reinforcing nature of purchasing behaviour, and the limits to conscious thought in both these phenomena.

Food industry science and marketing quite naturally encompass and study all these phenomena and/or make use of psychological studies of them in their continuing desire to design appealing products and understand and shape behaviour. Thus the psychological dimensions of food choice, socially shaped as they are acknowledged to

be even by the food industry, are not a separate category from industry activities or the nature of processed foods – they are intimately connected. Steps that food product developers and marketers take to cue and reinforce food behaviours shape consumer psychology where food choice is concerned. In this chapter, examples were given of how an existing habitus can absorb new products modelled on existing ones which are already part of food consumption patterns, but also how the habitus can be gradually expanded to include *new* foods; it is a matter of engaging with the overall habitus of a target group and positioning the food as something that, despite being new, is appropriate for people like them. The lifestyle in which it is contextualised and featured in marketing and advertising campaigns is recognisable to the target purchasers. The fact that others like them (or as they like to see themselves) are shown eating the food allows them to assimilate it into their habitus without resistance.⁷³

Perhaps most controversially in this chapter, some marketers overtly acknowledged consumer confusion regarding the health implications of functional food and drink products, and a willingness to exploit that confusion so that ‘energy drinks’, for example, are promoted to and apparently understood by consumers as healthy even though this is challenged by research. Low-fat products may not originally have been understood as constituting a prompt for over-consumption, but that evidence is now well established. Yet the language and imagery of such products continues to construct a ‘health halo’ effect around it, adding to consumer confusion and potentially increasing – rather than decreasing – calorie intake.

Observations regarding the nature of choice and habit prompted industry scientists’ concerns about the health implications of diets based on processed foods; they identified low income groups as particularly at risk. Their own surveillance of developments in the field led them to identify emulsifiers as a potentially significant factor in over-consumption; the critical-investigative framework adopted in this thesis led me to trace research into emulsifiers and the biology of digestion by scientists outside industry for lessons to be learned in a public health context. The focus on

⁷³ Obviously, this does not always succeed – marketing failures are discussed in Chapter 6. Often products fail because the consumers’ lives are not sufficiently understood and the products cannot be portrayed as being naturally rooted in consumers’ lives.

foods high in salt, fat and sugar is important in understanding how health is put at risk by over-consumption of these foods. But it should not divert attention from the more complex problems stemming from the chemical structure of processed foods and its influence on digestion.

I have already made several references to food marketing in this thesis; in the following chapter, I will place marketing in its historical and political economy context. I further examine the role of psychology and consciousness research in illuminating food consumption and the particular use made of it by food marketers. Chapter 6 also investigates the diverse applications and expertise of market research, its capacity to track consumption in terms of place, rank and, given digital platforms, even time, and how all of this informs marketing interventions which reinforce class-differentiated consumption.

Chapter 6

Marketing: history, critique and market research practices

6.1 *Introduction*

The pervasiveness of food marketing and the consumption of snack and convenience food is often commented upon by researchers in sociology, social and food policy, nutrition, geography and even epidemiology. Advertising to children in particular has been the target of much criticism and debate, and some regulation. But marketing is a much broader concept and activity than advertising, and much of it is invisible or at least not consciously perceived. A sociological analysis of the detailed activities of food product development and food marketing has not been done in the context of a political economy analysis of diet, class and health. In this chapter, I set all these activities in context, beginning with a historical overview of how marketing emerged alongside and interconnected with the growth of consumer industries, and how it has flourished in a neoliberal age. A key dimension of neoliberalism, alongside a resistance to public regulation of commercial activity, is the discourse of personal choice and individual responsibility for one's choices (as discussed in Chapter 1). This discourse has suited the food industry well in its defence of its own practices, and has been backed by health promotion campaigns which also emphasise personal responsibility for a healthy diet.

In this chapter, I trace the growth and flourishing of marketing, analysing both critiques of its power and marketing's claims of its own weaknesses and limitations, even as it mobilises the insights of psychology and the complex algorithmic techniques of market research and consumer purchase data in support of corporate goals. A critique of marketing by marketing scholars assesses the claims and discourse of applied marketing and insists that marketing must be understood – and should be taught – in the wider context of corporate power in a neoliberal age. Hackley, a UK business and marketing academic, decries marketing's lack of acknowledgement of its activities as emblematic of a neoliberal society and business model (2001; 2009; 2010). Skalen et al. (2008) query marketing's claims to be consumer-focused, pointing instead to the larger goal of increasing capital accumulation. They explore the internal contradictions and self-referentiality of marketing discourse, supplying what is

essentially a critical discourse analysis as urged by Fairclough (though they do not call it that).

From food marketing practitioners cited in this chapter, analysis of industry activities tends to be instrumental in nature, as one might expect: they are interested in how companies can operate most effectively to increase or sustain product sales, though a commitment to engaging with customers and satisfying consumer needs is also regularly invoked. But in this chapter practitioners also supply valuable insights into how the industry operates.

In Chapter 5, corporate food scientists discussed their concerns about the health implications of a diet based on processed foods. In the current chapter, I examine texts in which marketing practitioners recommend research methods that social scientists – and indeed some marketers – might consider invasive or manipulative. Chapter 7 discusses in greater detail the debate among marketing academics and practitioners about the ethics of marketing, but marketers air some of their disquiet in the diet-related examples given in the present chapter.

Also in this chapter, the cumulative perspectives of the marketing sources gathered for this thesis, both critical and laudatory, illuminate the ways in which developments in psychology and consumer research, food chemistry, retail siting decisions, industry logistics and marketing campaigns come together to shape patterns of food consumption.

Having set out a critical framework for evaluating the contribution of marketing to consumption, this chapter then provides an overview of how the industry sustains and reinforces both larger economic structures as well as individual business goals.

Examples from food industry texts illustrate how the industry interacts with an array of cultural, technological and social forces to shape our diets and, ultimately, if not intentionally, influence our health. A detailed examination of market research, and especially geodemographics, is included, because this is the (ongoing) stage in the marketing process when consumers are closely tracked and data is amassed for the purpose of targeting and segmenting consumer groups. The leading firms which carry out this research are very large scale and global in nature; they are major players in the

consumer economy and increasingly influential in a public policy context as they are commissioned to research social and health problems.

6.2 *Marketing in a historical context*

'Marketing in all its forms is a cultural force of extraordinary proportions' (Hackley 2001:22)

Lang and colleagues (Lang et al. 2009a:224 and Lang 2009b:328) refer to marketing and advertising as 'consciousness' industries, with a vastly increased penetration throughout the 20th and 21st centuries. Marketing is key to the development and retailing of food products, and to mobilising class distinctions while doing so; this has been understudied by social scientists. In seeking to understand its role and significance in a food-health context, a review of the origins and development of marketing offers valuable insights.

While the marketing techniques of today might rely on highly sophisticated tracking technologies, marketing a product or service to its most likely buyers is 'as old as commerce' (Egan 2008:4). Georgian pottery entrepreneurs Boulton and Wedgewood, used 'market segmentation, product differentiation, [and] prestige pricing...[to create] interest in their innovative ware' (Hackley 2009:37). Advertisements and promotions using persuasive slogans and images can be traced back hundreds of years (McFall 2004 cited in Hackley 2009:37).

In the 19th century, many new foods arrived in the UK and were advertised by their purveyors. Additives and adulterations also appeared (Wilson 2009), often aiming to make food appear more palatable. Blythe describes 19th century marketing as sometimes very aggressive, with purveyors and advertisements making outrageous claims about their products (Blythe 2006:58).

By the early 20th century, it became clear that mass production would require mass consumption. What might be viewed as a crisis of accumulation – more was being produced than there was a demand for – required nurturing desire in the consumer. Crucially, this desire needed to be 'increased and manipulated by factors...other than the mere existence of supply' (Egan 2008:4). One early marketer wrote that 'the more progressive businessman is searching out the unconscious needs of the consumer, and is then producing the goods to gratify them' (Shaw 1912 cited in Egan 2008:5).

Marketers today continue to speak plainly on this point, alluding to more than just passive tracking of consumer 'need'. Instead, companies must try to 'discover what consumers either cannot find, or do not know yet that they need' (Cox and Delaney 2009:286). The latency of need, the nature of free choice, and implications for marketing ethics are subjects of longstanding debate in marketing.

Demographic profiling arose after WWII, with an increasingly statistical orientation beginning in the 1950s (Cox and Delaney 2009:286). Claims of a scientific basis and the development of theoretical frameworks also started around that time, and continue today (Egan 2008:6; Hackley 2001; Blythe 2006).

Market segmentation as we might recognise it now arose in the 1950s, and what is still called the marketing mix was defined in 1960 as the four P's: price, product, promotion and place (McCarthy 1960 cited in Egan 2008:8). Marketing was increasingly seen as the way to ensure that 'consumption kept up with output' (Packard 1957 cited in Egan 2008:8). Kotler, a leading marketing educator in the latter 20th century, began writing textbooks in the 1960s and shaped marketing research by combining statistical techniques with behavioural sciences (Wilkie and Moore 2003 cited in Egan 2008:9). Academic marketing thrived, and is itself today a huge market for textbooks, journals, universities, research funding and marketing education and training (Hackley 2001 and 2009, Skalen et al. 2008).

In the 1950s in America, Dichter applied Freudian psychology, an interest in the unconscious and psychoanalytic methods to introduce motivation research, which 'tapped into the consumer's subconscious to discover feelings about products' (Stern 2004:165). A trained psychoanalyst himself, Dichter found that 'Freud's notions of subconscious urges and socialised inhibitions seemed to make intuitive sense' (*Economist* 17/12/11). This thinking contributed to the growing sense, even in Dichter's time and acknowledged more recently in 'nudge' theory, of the limited consciousness underlying some consumption behaviours.

As competitive pressures intensified, the new goal for marketing became to secure 'competitive advantage', with market share 'its primary indicator' (Ambler 2004 cited in Egan 2008:10). But in the past decade, marketing has been articulated as a process

in which 'value is defined by and co-created with the consumer' (Egan 2008:14). The strategic realities of corporate goals and the mission of marketing in a neoliberal era do not generally enter this discourse of a partnership with consumers, which features strongly in the way marketers understand and speak about their work and role (regularly, for example, in *Marketing Magazine*). Certainly much effort is devoted to finding out what consumers want and 'need' not only by tracking their activities and purchases in ways in which consumers remain unaware; but also by creatively engaging with them online and in product launches and various campaigns and public events. There is often an element of entertainment and fun in these activities, and marketers feel they can learn a great deal about their consumers while promoting a given product or brand. But ultimately – naturally – the aim is to increase sales, and in many cases to provide sufficient returns to shareholders. Consumers may not always be aware (and if they are aware, they may not mind) that they are being both studied and marketed to, and will not likely consider the wider investment goals of food companies.

Marketing increasingly permeates our lifeworlds, to use Habermas's term. According to one marketing textbook, 25-33% of civilian workers in Europe and the US carry out marketing activities (Dibb and Simkin 2009:14). Globally, market and opinion research is worth about £10 billion annually, with a few international agencies dominating the field (ibid:206). Put another way, of the 70% of a British family budget (before taxes) spent on goods and services, half that amount finances marketing activities (ibid:16).

6.3 *The power – and weaknesses – of marketing: a critique*

Marketing communication is used as 'a technique for analysing, planning, intervening in and ultimately controlling the consuming behaviour of people from the vantage point of a commercial organisation' (Hackley 2001:135).

'...marketing doesn't work' (Blythe 2006:112).

The above quotes, the first from a marketing academic (Hackley) and the second, expressed ironically, from a marketing practitioner turned academic (Blythe), indicate something of the debate within marketing about its role and power. These authors acknowledge criticisms of marketing, as well as marketing's defence (i.e. insistence that it often fails, so cannot be accused of successfully manipulating consumers; or

that marketers are only focused on meeting consumer needs). Marketing undergraduates are told in one textbook that:

although marketers try to understand and influence consumer buying behaviour, they cannot control it. Some critics credit them with the ability to manipulate buyers, but marketers have neither the power nor the knowledge to do so. Their knowledge of behaviour comes from what psychologists, social psychologists and sociologists know about human behaviour in general (Dibb and Simkin 2009:106).

While not acknowledging that it is the instrumental use of such knowledge that informs marketing activities, even making this claim to knowledge ‘borrowed’ from other, more established disciplines is problematic, and the subject of some critique.

Marketing cannot ‘control’ consumers, but the desire to *influence* buyer behaviour is clear and, in context, entirely logical, given overall business goals. Dibb and Simkin’s textbook recommends close study of personal, demographic, psychological, family and social influences on buying decisions (Dibb and Simkin 2009:110), describing these in what amounts to a retail-oriented understanding of Bourdieuan habitus. They note that demographic factors can affect a consumer’s decision-making process as well as their use of a given product (ibid:115).

In an example of how these influences are mined, ‘marketers often capitalise on the tendency towards impulse buying – for example, by placing magazines and confectionary next to supermarket checkout counters’ (Dibb and Simkin:109).⁷⁴ They also acknowledge the importance of children’s influence on buying ‘breakfast cereals, ice cream and soft drinks’ and note that ‘this influence is increasingly reflected in the way such products are designed and marketed’ (ibid:115). One of Kessler’s anonymous food industry consultants describes his industry as ‘the manipulator of the consumers’ minds and desires’ (Kessler 2009:21). These observations challenges marketing’s frequent invocation of how it co-creates value with consumers, with the suggestion that this is a collegial process between equal partners; when marketers speak to each other, or speak as anonymous informants, the discussion is more frank.

Yet there are limits to marketing power, and examples of marketing misjudgements and product failures abound. *Marketing Magazine* (03/08/11) featured ‘Top 10

⁷⁴ A pre-Thaler and Sunstein example of marketing’s instinctive use of ‘nudging’ techniques.

marketing U-turns' in the product repositioning/rebranding category. One of these was health secretary Andrew Lansley's reversal of a decision to withdraw public funding for Change4Life. The magazine estimates that for every success, 'there are three times as many brands that have failed to achieve longevity despite multimillion-pound marketing budgets' (*Marketing Magazine* 18/02/09). This lack of longevity characterises the FMCG (fast moving consumer goods) sector; food manufacturers make this tendency work for them, deliberately using 'limited-edition variants to drive sales' and pulling them as soon as profitability declines, ideally with 'an alternative variant to replace it' (ibid). Product longevity, while achieved by many brands in different sectors, is not the only indication of marketing success. Continual developments in processing, packaging and logistics, alongside new merchandising techniques and formats, make it possible to produce new products or new product variants, and in a variety of styles, sizes and amounts. Fast food companies in particular are told by one industry writer that they can only flourish if they constantly review and adjust their target market segmentation, ensuring that the right products are aimed at the correct consumer segment (Michman and Mazze 1998:34). In order to prosper, businesses must innovate along these lines, given the potential for expanding production and sales in new directions; so marketing discourse regarding the failure to achieve longevity is something of a diversion.

From the above discussion of how FMCG goods like foods are managed, firms seem to be able to bring new foods onstream quickly, to replace them when necessary. This constant appearance of new products is apparently normal business practice in this sector; not an indication of failure.

But sometimes, marketing does fail. Unilever's chief executive observes the marketing failures that occur when consumer trends race ahead of corporations, such as 'the public reminding McDonald's about what organic means [and] KitKat being forced to use sustainable palm oil' (*Marketing Magazine* 02/05/12a). Marketing failures are the subject of an entire book by one marketer, who maintains that asking people to explain or predict their consumption choices is pointless: 'the unconscious mind is the real driver of consumer behaviour...what matters is not what consumers say but what

they do' (Graves 2010:10).⁷⁵ This author recommends close study of consumer psychology and particularly the power of the unconscious (ibid:18-19). Market research that tracks consumer purchases is another effective way of learning what consumers *do*, bypassing what they *say* in interviews. Its sheer scale and insight makes it increasingly effective, according to both supporters and critics, as the subsequent discussion of geodemographics and digital tracking will reveal.

Marketers are most likely to succeed when strategies are 'designed to appeal to a well-defined market' (Dibb and Simkin 2009:123). Drucker, a late 20th century business thinker, describes this process: 'The aim of marketing is to know and understand the customer so well that the product or service fits him and sells itself' (cited in French et al. 2010:100). The successful product or service is conveyed with the appropriate images and language, and in the location – from street, to shop, to shelf, to home computers and smartphones – which will reach and be noticed and purchased by the target customer.

Kessler's interviews with food industry executives provided numerous examples of normalisation of new kinds of consumption. A former Coca-Cola executive, Mike McCloud, discussed his company's efforts to shift the norm regarding soft drink sizes from eight to 12 ounces. Consisting only of carbonated water and syrups, these drinks allow the company to make a large profit margin on sales, and retailers did not resist this enlargement strategy. Coke also 'discouraged water giveaways'. Thus, "“When the beverage companies throw their weight behind a change in norms, they're often successful”, McCloud noted. “Coke and Pepsi are so big and strong, they have the horsepower to change people's habits”” (Kessler 2009:130). In a reminder of the agricultural origins of changes in the food supply, it is worth noting that whereas marketing entered the supply chain at a relatively stage to encourage changes in consumption behaviour, the reformulation of the product and its larger sizes came about because of farm subsidies on corn, which made high fructose corn syrup so much cheaper than sugar that even major increases in the *size* of soft drinks like Coke and Pepsi necessitated no more than small increases in *price* (Hawkes et al. 2012:348).

⁷⁵ A BBC programme, 'Business Nightmares with Evan Davis: Marketing Mess-ups', highlighted marketing failures (BBC May 2011). Scammel-Katz's (2012) book *The Art of Shopping: how we shop and why we buy* found some products fail because they are inappropriately sited and signposted in stores.

The normalisation of frequent snack consumption and meal deals consisting of a sugary drink, sandwich and packet of crisps, was also achieved by marketing. This is a clear case of the habitus being diverted by outside forces and external actors; no-one was drinking such large containers of sugary drinks or eating crisps daily with lunch until these formats and combinations were presented and heavily marketed as normal behaviours for the target group. The normalisation of them is key to mass market sales. Unintentionally, perhaps, the sheer normality of a lunch of crisps, sugary drink and sandwich diverts attention from health consequences. Thus these products are more overtly associated with palatability and low cost than with risk of, say, the longer term prospect of chronic illness. Lifeworlds have been both disrupted and colonised by these practices, as health is put at risk among those for whom these foods constitute a disproportionate amount of their diet – that is, those whose habitus led them to assimilate these new products without conscious thought or challenge.

This phenomenon is encapsulated in the comment by a working class woman in a 2005 BBC TV programme, who serves her family only prepared foods heated up at home. Her refrigerator and freezer are full of pizzas, chips and ready meals. She is filmed picking up a vegetable (which she is unable to identify) given to her by the producers and saying, 'This is completely alien to me. I don't cook from fresh' (BBC 2005). 'Cooking', then, has become for her a matter of reheating prepared foods; 'fresh' foods are not a part of her dietary habitus, or, by extension, that of her family.

But some marketers have reservations about the role of marketing in this process: 'Whatever good things food marketers might have been doing, their pack sizes have bloated over the years', as one marketer writes (in *Marketing Magazine* 02/05/12b). Furthermore, those 'who live with low status as a norm are the ones most likely to over-consume...If the knock-on effects of that trend are seen to hit the most vulnerable hardest, even marketers of relatively healthy food and drink brands will find themselves on the back foot. Too much of anything is still too much' (*ibid*). This debate over marketing ethics is discussed in greater detail in Chapter 7, but reference to it is fitting here, since it is clear that some marketers are uneasy about the effect of large pack/product sizing and the targeting of these items at low-status people.

More broadly, some marketing academics are extremely critical of their discipline. The power of marketing to engage with culture and society (and to influence eating behaviour, as I am arguing) has been underestimated or at least under-analysed, and marketing is often dismissed as lightweight (Hackley 2001). As Hackley, a British professor of marketing, says, 'Marketing is seen as a popular and safe, if relatively undemanding, elective choice at university' and even that 'you need no marketing knowledge to be good at marketing' (Hackley 2001:22). Furthermore, he finds much marketing scholarship 'epistemologically disjointed, temporally disconnected, epistemically nebulous and thematically kaleidoscopic' (ibid:136). Fuller, a food industry consultant, finds that despite advances in marketing techniques and understanding, marketing remains 'looked down upon by true scientists' (Fuller 2005:111).

Nevertheless, the 'managerial discourse' which has emerged in marketing has 'a power based on truth claims that are legitimated by its position in the academy' (Hackley 2003 and Marion 2006, cited in Skalen et al. 2008:3). Marketing is highly successful at marketing itself in academic, business and public policy contexts, and academic marketing research is well supported by funding bodies (ibid). Some university marketing and psychology studies are funded by consumer firms; in this way, academic disciplines can themselves be colonised, their research useful to industry but possibly uncritical in a broader context.

Some marketers stake their claim to academic legitimacy by emphasising their multi-disciplinary perspective:

We as researchers apply the lenses of many perspectives (e.g. consumer research, sociology, psychology, anthropology, grounded theory, phenomenology, etc.) to the study of the consumer experience as told by the consumers themselves...this leads to a multi-method research design adapting modified features of ethnography and phenomenology (Beckley and Ramsey 2009:235).⁷⁶

But Hackley finds fault with marketing precisely for this 'borrowing' of concepts from more established disciplines, without acknowledging their 'drawbacks, controversies, history, contradictions and theory' (Hackley 2001:130,132-133,136). This is said to be

⁷⁶ By phenomenology in this context, they mean studying the product as it is used by consumers (Beckley and Ramsey 2009:235).

true of marketing's plundering of sociology (Gronhaug 2000 cited in Hackley 2001:131) and psychology (Foxall 2000 cited in Hackley 2001:131); these authors feel the ideas of these disciplines are not used by marketing with 'the intellectual integrity of their use in their original habitat' (Hackley 2001:131). Blythe acknowledges marketing's borrowings from sociology, anthropology and psychology, supplying the concepts of 'motivation, perception and attitude formation and change' (Blythe 2006:31). Elsewhere he admits that despite a tendency to 'pinch' concepts from other disciplines, there is little ongoing study or reference to them (ibid:28).

Hackley criticises marketing academics and practitioners alike for using theories such as Maslow's hierarchy of needs to explain consumption behaviour: 'For Maslow, the highest state of self-actualisation occurred when humans rejected selfish (including material) values and instead gave back to their fellow humans in some way. One could hardly think of a less appropriate model for advertising or marketing' (Hackley 2010:147). Blythe, concurring that Maslow's theory is widely taught in marketing, also finds it inadequate to the task, but for more practical reasons: it fails to portray the myriad ways in which people experience and define their needs, which constantly change (Blythe 2006:97-99). As the marketing writer Schmidt phrases it, customers are 'moving targets', so it is vital for product developers to track their changing needs and social experiences (Schmidt 2009:225). All three – Hackley, Blythe and Schmidt, despite their differing perspectives – would seem to agree that a high-minded approach like Maslow's simply doesn't work in the hard-nosed, practical world of marketing.

Mainstream marketing texts rely on simplistic descriptions of consumer attitudes, beliefs and desires, with the assumption that such things are 'largely under the volition of the thinker, except, of course, when subject to a carefully planned marketing intervention' (Hackley 2001:134). The marketing techniques openly described in campaign literature, the growing encroachment of fast/snack food into public spaces, the resources devoted to advertising and marketing, and the way such campaigns are promoted and evaluated indicate that the industry hopes at the very least to influence the 'volition of the thinker', as Hackley puts it. Indeed, this is the *raison d'être* of marketing, entirely and logically in line with commercial goals.

To achieve this influence, commercial messages are increasingly found in 'ambient media', tracking consumers as they move through their day (*Marketing Magazine* 22/09/10):

Out of home remains a key channel for delivering dwell time – for example, on the morning commute, in the hair salon, in the back of a taxi, during a coffee break, filling up with petrol, waiting for the barrier to go up into a car park, in the Post Office queue, at the GP's surgery. Brands should look to engage consumers within these rare moments (*Marketing Magazine* 22/09/10).

But of course these moments are not rare – collectively and repetitively, they permeate our days and our lives. For Subway, outdoor media are effective: 'We want to drive that impulse eat...when people are thinking about food and are hungry, a poster is there, making us top-of-mind' (*Marketing Magazine* 25/01/12).

Another problem with marketing is that it has resisted grappling with language in social, historical, biographical and political contexts (Hackley 2001:134). Thus it uncritically accepts notions such as lifestyle choices and attitudes, rather than seeing them as social constructions – indeed, discourses – within market limitations (ibid). As a discipline, marketing does not reflect critically on its own rhetoric (ibid:22). Hackley takes aim at 'fatuous' statements, made repeatedly in marketing texts, that marketers are operating in an increasingly turbulent and complex world (ibid:140). After all, he points out, 'the world's marketing managers have the benefit of more market data, a greater degree of transference of technology and information and, in the largest companies, more monopolistic market power than they have ever had before' (ibid) – powers belied by the complexity rhetoric. One marketer illustrates the power of these advantages as he explains that his company's successful marketing of drinks products to different countries and cultures is simply a matter of 'moving shit that works from one place to another' (*Marketing Magazine* 23/02/11d).

This comment reveals an intriguing insight into the workings of the habitus, seemingly contradicting the idea of cultural specificity of food practices. While not arguing that cultures are not significant influences on food/drink consumption, the comment above reflects the undeniable success of many western food and drink products in utterly different cultures. So a habitus can be disrupted with new notions of what is good to eat or drink; the very foreignness of some products, and the aspirational lifestyle with

which they are associated, is actually instrumental in their success, not an obstacle to it.

Hackley decries much business and marketing education for its tendency to omit rigorous, theoretical, original marketing research (as he insists the best of it truly is; I would agree, and several such studies are cited in this thesis) from its syllabus (Hackley 2001:177). Marketing's quantitative capabilities can produce impressive statistical research, which can garner lucrative consulting opportunities, but such research 'deflects critical attention and offers a spurious legitimacy' to the discipline (ibid:132). He particularly opposes the use of consulting frameworks in undergraduate courses: 'Young people deserve an education. Grown-up marketing executives can look out for themselves' (ibid).

Thus marketing discourse conceals its inherent power – a power which 'legitimizes and reproduces the market economy' – and should therefore be evaluated in the context of a critique of market economics (Skalen et al. 2008:166). Instead, much academic marketing concentrates on 'prescribing how to do marketing' instead of studying the process and effects of marketing (ibid).

These are serious faults, since marketing 'forms our world in telling ways through discursive mechanisms which are often invisible to us...it is precisely because these mechanisms are largely invisible that they are so powerful' (Hackley 2001:22).

Marketing not only influences consumer behaviour but also underpins capitalist economies; this needs to be acknowledged and investigated.

Marketers are encouraged to get close to consumers via a range of market research techniques which have the potential to shape human behaviour; this merits detailed analysis in a social science context. Psychological insights have long been used by marketers in understanding consumer behaviour. The use of psychological testing and analysis in marketing is explored below.

6.4 Psychology and marketing

In marketing literature, much is made of a technique known as psychographics, in which participants are tested for attitudes and character traits.⁷⁷ In a food context, psychographic testing measures variety-seeking, food neophobia (unwillingness to try new foods), restraint (flexible intake control, food guilt, bodyweight concerns), and food involvement (how important food is to participants) (Meiselman 2009:346-353). Psychographic tests have been widely used in research on food consumption, though little has been published concerning how test results are applied to food product development (ibid:346).

But Hackley dismisses psychographics as a pseudo-science developed by advertising agencies for the purpose of persuading clients that 'in spite of the breakdown of traditional mass audience characteristics, they still understood the motivations and behaviour of discrete consumer groups' (also Hackley 2010:147). Textbook writers Dibb and Simkin note the inconclusive results of testing buying decisions on the basis of personality characteristics but believe more reliable measuring techniques will reveal the relationship between personality and consumption (Dibb and Simkin 2009:124,182).

In a more intrusive technique known as 'neuromarketing', 'functional magnetic resonance imaging [reveals] activity regions within the brain...people's reactions to products, services and advertising' can thus be studied, enabling researchers to locate the preference center of that participant's brain' (Lovell 2002 cited in Fuller 2005:119). One marketing agency describes neuromarketing as exploring 'the science behind emotional engagement with a brand'; they advise that 'marketing with a greater emotional uplift is likely to increase sales' (Mail Media Centre 2009). This technique is big business: the advertising company Nielsen recently paid \$5bn for NeuroFocus, a neuromarketing research firm which measures brain impulses against the emotions aimed for by advertisers (*Guardian* 15/01/12). A former Oxford University neurologist founded a rival neuromarketing firm, Neurosense, which tests food textures and aromas to predict consumer behaviour (ibid). Neuromarketing was first used in adverts

⁷⁷ In psychographic testing, demographics are used in defining test panels (Meiselman 2009:348).

in 2006, becoming 'mainstream' in 2009 (ibid). One marketing author has called for industry standards 'that banned...efforts to find the brain's "buy buttons" in this manner (Lindstrom cited in Houpt 2011).

Psychographics and neuromarketing are just two manifestations of marketing's longstanding association with psychology. Consumer behaviour and marketing constitute 'one of the traditional areas of cooperation between economics and psychology' which can be traced as far back as Bentham's 'hedonic calculus'⁷⁸ (Lea 1978:441-443).

'Expert knowledge' of consumers emerged in the 'innovative psychological investigations' at the Tavistock Institute of Human Relations (TIHR) from 1950-1970, and their work with advertising agencies in that period (Skalen et al. 2008:14). The TIHR studies questioned contemporary marketing approaches, finding that 'people did not know what they wanted; people did not tell the truth about their wants and dislikes even when they knew them; and one could not assume that individuals would behave in a rational way when selecting one commodity rather than another' (Miller and Rose 1997 cited in Skalen et al. 2008:14). These findings anticipated 'nudge' theory, which accepts the non-rational, not completely conscious behaviours in some areas of human life, including diet. Psychological insights could thus help retailers to know customers 'better than they know themselves' (Skalen et al. 2008:14).

The TIHR work is noteworthy for its observations of consumers unaware of their true desires, and the potential for this to be exploited by businesses. It is an insight repeated by marketing texts since, in the language of anticipating consumer needs, and then making these needs felt via product development and marketing and advertising campaigns. In a business context, this practice has an undeniable logic. Anticipating consumer need can also be helpful to consumers. Many of us would consider the convenience and variety now available in many product types an improvement of the past 20 or 30 years. Even Hackley finds that 'there does seem to

⁷⁸ Hedonic calculus: 'a method of working out the sum total of pleasure and pain produced by an act, and thus the total value of its consequences; also called the *felicific calculus*' in Bentham's *Introduction to the Principles of Morals and Legislation* (1789). <http://www.utilitarianism.com/hedcalc.htm> (Penguin Dictionary of Philosophy)

be a large amount of marketing activity which makes consumer life better and is really quite fun and which, furthermore, is conducted by decent people working in good faith' (Hackley 2001:141). The point is not to condemn all marketers or all marketing strategies and campaigns; but to trace the ways in which effective and pervasive marketing, in shaping consumer desires and consumption, can also shape diets and – perhaps unintentionally – health.

6.5 *Psychology and food consumption*

Human beings are thought to have a natural (evolutionary) preference for energy-dense, fatty foods, which are appealing and pleasurable (Kessler 2009).⁷⁹ As sociology frames it:

pleasure and desire, as libidinal forces, may be regarded as pre- or non-discursive; they are innately undisciplined and undisciplinable. Pleasure and pleasure seeking is thus conceived as the weak link in the chain of command from authoritarian discourses of health governance to docile compliance for body maintenance (Lupton 1995 cited in Coveney and Bunton 2003:166).

When we eat these foods, we experience weak satiety and a greater capacity for consumption, resulting in weight gain, along with a natural (biological) resistance to weight loss (Canoy and Buchan 2007:3). This is a major focus for psychology research, which has been instrumental in public policy. The evidence review on lifestyle change for the UK's 2007 Foresight report on obesity was undertaken by psychologists, who observed that:

People know that rich foods are bad for them and that moderate exercise is beneficial. But people get positive sensations from eating foods that are laden with calories or excess salt, while, on the other hand, finding the time to exercise is difficult. No one escapes this psychological conflict or 'ambivalence' (Maio et al. 2007:1).

Indeed, obesity is present in all social groups. But energy-dense, nutrient-poor diets are more likely to be consumed by those of lower socio-economic status (Darmon and Drewnowski 2008). Most such foods are not developed *for* or marketed equally *to* all social groups and there may be differing susceptibility to palatability and a consequently weakened sense of satiety, despite instinctive, biologically based

⁷⁹ Kessler emphasises the role of palatability and 'hyperpalatability' in obesity. He cites dozens of psychology studies on this subject, but never refers to a social gradient in obesity or what might modify these supposedly universal tendencies in some eaters. Yet there is much evidence of the link between social inequality and obesity in the US; the epidemiology is well presented by Lee (2011).

responses. This could depend on one's habitus, which might include, for example, an awareness of the health effects of such foods. If one has been instructed in the family setting to eat a healthy, balanced diet, and to be sceptical of food industry strategies and claims, this can become as much a part of one's make-up and habitus as the actual foods and combinations of foods eaten. The awareness of the benefits of eating a balanced diet, and indeed a status-based notion of the kinds of foods 'people like me' are meant to be eating, could, in such a case, override the biological impulse and attraction to eating flavourful but unhealthy foods, perhaps in large quantities. This is how palatability and even hyperpalatability might have a weaker hold on some individuals and ultimately social groups than others. The role of habitus is present for all; but one type of habitus might have as a priority healthy and balanced eating; another might prize taste; another might focus most heavily on affordability.

But the specifics of 'the role of habit and limited volitional control' over health behaviour is not well understood, and campaigns to encourage behavioural change will not suit all socio-economic groups (Maio et al. 2007:2-3). One problem is that, as indicated in the preceding paragraph, 'readiness to change may fluctuate according to social and environmental contexts and in relation to other goals and demands that impinge on self-regulatory processes' (ibid:16). In addition, 'despite the current Government's emphasis on "choosing responsibly", it is clear that many of these behaviours do not arise from conscious choices. There is a need to understand the social factors and internal variables that predict habitual, counter-intentional behaviours' (ibid:27). If, as I argue in this thesis, the marketing data and techniques used to influence behaviour is added to the list of 'social factors' referred to in the previous sentence, then the process described in the Foresight report is recognisable from the social theories of Bourdieu and Habermas and their analysis of habits and how human behaviour can be altered by forces outside the habitus and lifeworld.

Coveney and Bunton note the potential for studies of 'food, pleasure and the problems posed for health promotion intervention' (Coveney and Bunton 2003:175). Such studies would benefit from investigating the food industry's understanding of the experience of palatability (and hyperpalatability), which has been mobilised to stretch our capacity for consumption by appealing to our pleasure response. Effective health

promotion interventions would also acknowledge the differing status of food products, how they are targeted at social groups of different status, and the insights of psychology which challenge the notion of conscious choice where food is concerned.

A food industry psychologist, discussing the role of psychology in enhancing the appeal of food products to consumers, lists food behaviour fallacies such as the fallacy of conscious choice (Koster 2009:73). He describes the virtual banning of studies of 'unconscious processes that regulate behaviour' in scientific research until about the 1980s, and the persistence of this lack in researching food and drink behaviours (ibid:75-76). Yet seminal research between the 1970s and 1980s found that 'intuitive thinking and decision-making...is characterised by operations that are "fast, parallel, automatic, effortless, associative, implicit (not available to introspection) and often emotionally charged; they are also governed by habit and therefore difficult to control or modify"' (Kahnemann⁸⁰ 2003 cited in Koster 2009:76). This characterised Kahnemann's system 1 in his dual process model; system 2 was 'slower, rule-governed, deliberate and effortful' (Kahnemann 2010). System 1 is prone to generating error; System 2, when activated, may spot and correct these errors. There is an interplay between the intuitive and reflective systems which 'sometimes allows biased judgments and sometimes overrides or corrects them' (ibid). Kahnemann's work, developed since the 1970s with Tversky and others, lies at the heart of 'nudge' thinking, and the growing acceptance that food behaviours are largely intuitive, with varying degrees of reflexivity mobilised to incorporating health considerations to food consumption – much as Bourdieu theorised it from a sociological perspective. There is a class dimension to this process, and food marketing engages with the intuitive, class differentiated nature of food consumption. The food industry in its larger context addresses health matters only when subgroups of consumers consider health in their food purchases, or when it is pressed to do so by regulatory requirements or public policies (including, for example, the current one which calls on the food industry to voluntarily make foods healthier).

⁸⁰ Kahnemann's work on prospect theory formed the basis for 'nudge' theory, uniting psychological insight with economic behaviour. Unusually for a psychologist, he won the 2002 Nobel prize for economics for this work.

Consciousness-based methods are inadequate for sensory consumer research, and especially hedonic research, which investigates the pleasure and reward experiences of food (Koster 2009:80). Koster's interest is a very instrumental one – improving the appeal of food industry products to consumers – but it is possible to apply these observations to a public health understanding of why people eat the way they do. For example, as Coveney and Bunton hinted in the preceding pages, there are implications for public policies which focus on advising people to 'choose' to eat a healthier diet and exercise; this approach fails to acknowledge gaps in consciousness where such choice is concerned and the power of the hedonic appeal of food.

Koster's and Kahnemann's ideas reinforce the Foresight psychologists' conclusions, who refer to a high degree of implicitness and automaticity leading to unreflective behaviours, and observe that health promotion campaigns which encourage people to think about what they are eating, rather than telling them what to eat, might be more effective (Maio et al. 2007:31).

This observation was operationalised by a team of psychologists who found that when people who ate little fruit were instructed to formulate 'imagery-enriched implementation intentions' – imagining themselves eating fruit – their fruit intake increased (Knauper et al. 2011:614).⁸¹ The authors acknowledge the limitations of their small-scale study but it provides a healthy eating version of a marketing technique which aims to embed images of products in target consumers' minds. For example, packaging is designed to appeal to a given consumer group; the design and marketing/advertising messages lead them to imagine people like them⁸² eating the food. Some people eat little fruit or vegetables (perhaps for reasons other than cost), relying on a diet of prepared foods. Could 'targeted mental imagery' overcome the imaginative gap which they are not even aware exists (i.e. 'people like me don't eat fresh fruit and vegetables')? The article illustrates a dimension of what is going on subconsciously with food consumption. We eat what we can picture ourselves eating;

⁸¹ I would not normally have found this study; it was reviewed in a 'Bad Science' column by Goldacre, a medical doctor, in *The Guardian* (09/07/11). Though the study was small and short-term, he concluded that it was good science and had merit. I accessed the study via the university electronic library.

⁸² Or at least, people who they might like to think are like them, which might not be the same thing.

we imagine eating foods that we see reflected in marketing campaigns and advertisements which are targeted at ‘people like us’.

Once the patterns of our diets are established, we experience an impulse to eat when visual cues with sufficient ‘incentive salience’ are triggered (Kessler 2009:52-53). This may include seeing the food or ‘a restaurant where we once ate that food, the street corner we pass en route, or a billboard advertising that restaurant’ (ibid). Food is omnipresent now; we are rarely far from a food retailer, restaurant, vending machine, or rack of snackfoods/drinks in non-food stores. Elsewhere in this thesis I both picture and discuss the continuing permeation of spread of fast/convenience food in public spaces. A weight management scientist with Unilever Health Institute tells Kessler that ‘the number of cues, the number of opportunities to eat have increased while the barriers to consumption have fallen...the environmental stimulus has changed’ (ibid:128). Additional visual cues are TV advertisements or a pop-up ads on the internet, food-product ‘advergames’ promoted via social network sites, or smartphone alerts from fast food retailers.

The food industry understands exactly what it’s doing when it markets foods with such compelling imagery, said my source [an industry consultant]. In the face of the pleasure that pizza promises, consumers ‘suspend more rational thought and are drawn to the indulgence of it’...‘Indulgence is the primary driver in premium products’, he says. ‘Generally they’re higher in flavour and often higher in fat, and a lot of imagery goes with them. It’s a very profitable place for the food and beverage industry’ (anonymous, cited in Kessler 2009:79).

But these cues do not operate on all of us uniformly. As consumers we are targeted with those products which will appeal to us as a consumer segment. The market research techniques which track consumption patterns, in order that they may be fully understood and reinforced, are discussed below.

6.6 *Market research: investigating (and reinforcing) consumption behaviour*

‘Here at MegaFood Corp, you’re more than just a customer...you’re a completely predictable compilation of spending habits and product data’ (PC and Pixel cartoon by Thach Bui and Geoff Johnson depicts sign at a supermarket entrance; text but no illustration cited by Fuller 2005:120).

Even marketing pioneers could describe ‘customer characteristics that enabled the abstract market to become comprehensible from a company point of view’ (Skalen et

al. 2008:131), but since the late 20th century, technological advances have enabled marketing to track, segment and target consumers to a highly sophisticated degree. Many texts written by and for those working in the food/market research industries describe the centrality of consumer market research:

A conscientious [advertising or market research] agency will...want to understand the lifestyle preferences, consumption habits, media consumption, patterns, values, attitudes, drives, aspirations, income, priorities and influential peer groups of its target segment. Qualitative research in the form of discussion or focus groups, or surveys, can be of assistance in this stage of the process. Secondary data sources detailing demographic and other information important to segmentation and targeting can also be invaluable (Hackley 2010:85).

In assembling focus groups, 'market research companies keep lists of consumers whose backgrounds are well documented. With little effort they can enlist consumers with any desired profile that the client wishes' (Fuller 2005:115).

Schmidt describes a range of market research techniques: 'one-on-one interviews, ethnographic-style interviewing (on-site observations and interview – in-home, in-car, in-office, etc.); shoppalong interviews; online – bulletin boards, live chat groups or interviews, online video diaries' (Schmidt 2009:225). With ethnographic research in people's homes, she encourages researchers to conduct 'spontaneous pantry and refrigerator checks' since, she says, the consumer doesn't always tell the truth about what they eat (ibid).

If this recalls Habermas's observation of the colonisation of the lifeworld, the process continues as product developers are urged to

become a regular part of your target consumer's day to day life. Consider how you can fit in to her wake up, breakfast, daily nutrition, energy, workout, snacks, lunch at work, away from work, travel, new diet needs, health practices for self or others, relaxation time, on the go, kids, satisfaction/qualm hunger pangs, dinnertime, dessert and when entertaining friends, family and colleagues (Schmidt 2009:232).

Targeted consumer research should aim to understand the consumers' lives and behaviours so as to envision the kinds of needs they might experience, so researchers should ask questions such as:

What attitudes and behaviors should I understand about my intended audience? What makes them "tick"? What are their values? What or who influences their lives? Who is likely to buy this product and why? How might I adapt my product to appeal to other

consumers? When and how might my product fit into their consumption patterns? (Schmidt 2009:219).

A particular example of this corporate ethnography is cited:

One market research company recruited adults from a range of demographic groups to find out their attitudes towards frozen foods. They had to videotape themselves planning meals, be interviewed evaluating a new product concept, and were questioned extensively about their lifestyles, satisfaction levels with current products, and talk about the role of frozen foods in their lives (Schmidt 2009:225).

The result was several 'distinct consumer profiles' which are still used by the company's product development teams (Schmidt 2009:225). In fact, this is an example of how marketers work with consumers to co-create value. Marketers are genuinely interested in consumer experiences so as to improve the product and increase sales. They are, in a sense, learning about the habitus of the target consumer group so that they can understand not just what products might appeal and be appreciated, but how these products would be used.

Procter & Gamble have also used video diaries to observe how customers use their products. Marketing textbook authors Dibb and Simkin write that 'P&G researchers hope this direct observation approach will help them identify and address problems *that consumers do not even know they have*' (2009:204; my italics). Excerpts are then made available on a secure website to P&G staff (ibid). The authors acknowledge that some may find this approach invasive; and that participants may change their behaviour because they are being watched (ibid).

But others affirm the importance of observing consumers in the appropriate context during product development:

Whether in a staged context in a more central location or in the consumers' environment, we find that a more familiar and comforting situation for the research allows the subject to feel more at ease and tends to stimulate...less guarded discussions (Beckley and Ramsey 2009:234).

In these circumstances, their habitus, to put it in sociological terms, is more completely revealed to marketers. Where time constraints make 'anthropological-ethnographic research impractical, marketers should bring "ethnographic storytelling" into interviews via unstructured interviews conducted in a conversational format' (Beckley and Ramsey 2009:236). They also recommend participatory action research as a way of

identifying problems and solutions for specific marketing scenarios (ibid:239), and encourage an extraordinary degree of empathy with research participants:

The goal of the in-context approach is to try and walk gently with the person who is our subject. To value them as people and to create a comfortable and engaging situation that allows them to be close to who they are *while* we are with them, as they were before we came into their lives, and the way they become when they leave (Beckley and Ramsey 2009:244; authors' emphasis).

In this commercial-ethnographic approach to research, marketers are urged to engage with research subjects to learn about their tastes in food, their skills, time and space for food preparation and consumption, and which products might suit these circumstances. Products will then be presented as items which can be absorbed seamlessly into a consumer's life, and indeed habitus, as products are made relevant via convenience and time-saving features as well as sensory appeal. Products and brands can be designed to appeal to particular groups; then marketing techniques appropriate for reaching those groups can be developed (Dibb and Simkin 2009:169).

Exhaustive consumer research is essential for food retailers, who need to know

any peculiarities in the habits of shoppers...what items are purchased together, so that customer flow can be laid out strategically within the store...where is there the greatest density of potential customers for determining the most likely places to site a fast food outlet or a coffee house, or a restaurant, or a bistro, pub, bar (Fuller 2001:55).

In supermarkets, researchers may position hidden cameras to follow shoppers, tracking the aisles they visit, how their eyes move and how long they view a product: 'areas where they are attracted, or where they are attracted and buy, or sections that they bypass entirely or visit less frequently are carefully noted. Their reactions in groups to product concepts can be evaluated. Their values and attitudes are assessed through surveys' (Fuller 2001:53-54).

The UK marketer who piloted eye-tracking technology in stores, a technology now used worldwide, claims that without it, many products failed. The technology allowed retailers to go beyond what shoppers might say to looking at what they do. This enables marketers to understand *why* shoppers bought or passed by products: 'shoppers obey the law of entropy: understanding that they conserve momentum is

the key to designing spaces that help them shop more effectively' (Scammel-Katz 2012:28).

In-store findings like these can be reinforced by telemarketing services which food companies can commission for fuller consumer profiling. Even in 2001, US companies could subscribe to a service which gave them the phone numbers of callers to a 1-800 service – caller and address could be identified from this which allowed the food company to identify the person's socio-economic status as well as that of their neighbourhood. 'Food manufacturers can then develop products that fit the demographic niche or they can target a better product mix into a particular geographic area' (Fuller 2001:56). Consumer tracking technologies have advanced considerably since then, but, as we saw with Christakis's and Fowler's influential research as late as 2009, the 'amazing' power of social networks, as they described it, was not linked to this capacity to differentiate the food supply by neighbourhood and socio-economic status.

Marketers are advised to develop 'consumer personas' for each 'target consumer segment': this ensures that the 'entire marketing mix (product development, promotions, packaging, communications and pricing strategies) reflect the needs and wants of the target consumer' (Schmidt 2009:225). This is what large marketing firms do in their constant updating of consumer profiles based on a vast array of data (analysed later in this chapter). This technique aims to build a complete picture of a type of consumer, how they live, their tastes, family type, neighbourhood, ethnicity, etc. – it is a marketing version of the habitus. Then each step of the marketing chain can be tailored to the nature of each type or group of consumer.

Word of mouth is a vital marketing tool among all consumers, including children: 'we learn by seeing people we know/respect try something and we think we will, too' (Urbick 2009:258). This reflects how online and actual social networks operate in a food context. Word of mouth regarding product usage in a given neighbourhood is likely to have a class dimension reflecting the class status of those living in it.

Other aspects of the consumer are also central to marketing efforts. *Marketing Magazine* (02/03/11a) notes that 'brands have a natural gender fit', though it is

possible to directly target men while still reaching female consumers by ‘playing’ to women through witty advertisements during TV programmes women are known to watch (they cite *Dancing on Ice*), as well as more traditionally male ad spots (football matches).⁸³ An advertising campaign for Yorkie chocolate bars featured the slogan ‘Yorkie: it’s NOT for girls!’ which resulted in increased sales among both sexes (ibid).



Figure 8: The cut-line for the photograph reads: ‘YORKIE: 2001 relaunch specifically targeting men led to increase in sales to both sexes’ (*Marketing Magazine* 02/03/11a). Image reprinted with the permission of *Marketing Magazine*.

McCain’s Rustic Oven Chips brand was aimed at ‘health-conscious, upmarket, young, single women’ (*Marketing Magazine* 02/02/11); whereas Ginsters’ new ‘breaded snacks with pasty fillings’ targeted ‘male consumers and students’ (*Marketing Magazine* 08/06/11d). Women may eat these products as students, then, but seem to grow out of them, while men apparently do not; social class may (re)assert itself in food consumption for educated women in a way that it does not among even educated men. Obesity statistics show a clear social gradient among women, but not among men; here we may have food industry evidence of these diverging trends in early adulthood. *Marketing Magazine* also notes that ‘women are more likely than men to hunt for healthier options’ in purchasing cereals (19/10/11).

Subway has traditionally targeted ‘the young male office worker and student consumer groups’ but they are now marketing to women, aiming to appeal to those interested in healthy eating by including calorie information on menu boards (*Marketing Magazine* 25/01/12). Could this alienate their traditional customers? Subway’s marketing manager says no: ‘Of course we’ve got more indulgent products and there are customers who love that, and we have no plans to remove them’ (ibid). It is worth recalling here the analysis by Hawkes et al. (2012:350), discussed in Chapter 5, which concludes that ‘food consuming industries’ are unlikely to change their

⁸³ These two programmes were selected for Ginsters advertisements.

emphasis on ‘energy-dense, nutrient poor foods’ without the ‘incentive’ provided by health standards aimed at the entire supply chain.

One food industry text acknowledged that the increasing success of market research techniques has come at the cost of public objections to invasive approaches and breaches of privacy; he describes ‘a rebellion against consumer researchers’ hunt for information about people’s habits and a growing feeling on the part of some consumer groups that customers/consumers are being manipulated’ (Fuller 2001:77).

But this kind of reflection is unusual in food industry texts reviewed for this thesis. All of the above market research methods are aimed at assessing customer ‘needs’, whether consciously expressed or latent; meeting consumer need is a dominant feature of marketing discourse. But the accompanying assumption, articulated in personal choice discourse, is that although commercial decisions to develop a given set of products results in consumption of those products, consumption is ultimately the responsibility of the consumer. An ethical role for the firm, or its marketers, is not often raised, a tendency which reflects neoliberal discourse (O’Malley et al. 1997 cited in Skalen et al. 2008:113). Furthermore, the commitment to serving customers masks larger business goals. One brand marketer describes his company’s activities in forthright terms:

We don’t get given this money [marketing budgets] to entertain the public. We get given it to build strong businesses that make bigger returns to shareholders and pensions and bigger tax for governments – and more secure employment for people who work for it (*Marketing Magazine* 23/02/11d).

By segmenting and targeting consumers effectively, businesses can do this. Once market research data have been analysed, customer ‘needs’ are brought together with corporate strategies and goals (Skalen et al. 2008:115).

Nevertheless, Beckley and Ramsey’s earlier exhortation to get close to consumers and value them as people in anything but an instrumental way must be queried. There are surely limits to which large consumer businesses can go in identifying closely with consumers in a sympathetic or empathic way, let alone in a public health context, given the overriding need to hold or increase market share and profits. The discourse of co-creating value with consumers must be understood in this highly

instrumentalised context: 'marketing texts...deploy the rhetoric of consumer orientation to promote a sense of connection between the little consumer and the big corporation' (Hackley 2010:225). But this does not dent the 'rhetorical production of dominance and control which underlies so much research in the field' (Hackley 2001:21). Marketing rhetoric also reflects 'a continuing need for capitalist corporatism to claim legitimacy amid a contemporary crisis of confidence in the activities and motives of business corporations' (ibid:225).

Marketing discourse acts ideologically 'in framing the conditions for social relations on a huge scale' (Morgan 1992 cited in Hackley 2001:22), while never admitting to doing so. Yet 'the pervasive effects of mediated marketing activity constitute cultural and psychological life in developed economies to an extent which it is hard to appreciate' (Hackley 2001:22). One technique which has enabled marketing to reach, study and segment consumers with a high degree of accuracy is geodemographics.

6.7 Tracking consumption by neighbourhood: geodemographics

'One's residence is a crucial, possibly the crucial, identifier of who you are' (Savage et al. 2005 cited in Burrows and Gane 2006:808).

'The discourse of geodemographic information systems is an apotheosis of instrumental reason. It promises to measure, represent, and classify consumer identity with the explicit intent to predict and manipulate behaviour' (Goss 1995:161.)

'We know where you live' (Marketing Magazine 08/06/11b).

Commercial geodemographics is a consumer profiling technique which combines the output of geographic information systems (GIS), census and purchase data, and some qualitative styling of resulting groupings (Longley and Goodchild 2008:183). It has its origins in the 19th century, when Charles Booth documented poverty in Victorian cities – probably the first systematic measurement of neighbourhood population characteristics. Further conceptual work was undertaken from 1916 in Chicago, with a burgeoning academic analysis of 'social area analysis' by the 1950s/60s.

UK national classifications were developed in 1971 to guide local government policy, and this model was developed into commercial applications (such as ACORN – A Classification of Residential Neighbourhoods – and Mosaic). By 1993, 85% of business information had 'geographic attributes' (Baker and Baker 1993 cited in Goss 1995:144).

Public sector geodemographic approaches have been developed along commercial lines to enhance their effectiveness (Longley and Goodchild 2008:181).

For Harvey, the amassing of data of this nature is part of the neoliberal project. Given neoliberalism's identification of the social good with

the reach and frequency of market transactions...it seeks to bring all human action into the domain of the market. This requires technologies of information creation and capacities to accumulate, store, transfer, analyse, and use massive databases to guide decisions in the global marketplace. Hence neoliberalism's intense interest in and pursuit of information technologies (Harvey 2005:3).

In this section, I explore the uses of such data gathering for marketing foods, one of the last stages in food production and the one which must overtly foster consumption of a developing food supply. In Chapter 1, I discussed the way in which an emphasis on lifestyle choices and personal responsibility for dietary health was a natural outgrowth of neoliberalism (Guthman 2011). In other words, a free market (however imperfectly designed or functioning) needs to be populated with freely choosing individuals who are encouraged to be less reliant on the state. Ideally, then, they will avoid making choices which will result in problems like ill health. While data gathering of the scope of market research tracks 'choices', these choices are a response to a food supply constituted by the agricultural-financial-retail forces discussed in Chapter 5, and one which is marketed to them according to their social status and consumer type. The data is then used to further refine consumer profiles which will be used, in turn, to further shape future choices. While Murcott (2000:122, cited in Chapter 1) observed that it is difficult for academics to get access to commercial market research, we *can* learn about techniques like geodemographics, and what they mean for consumption and health.

Clustering is a key geodemographic concept. Socio-residential patterning is repetitive – similar social groups live in similar types of neighbourhoods in different cities (this, again, is the concept that the Christakis and Fowler social network-obesity research study, though without connecting the similarity of social groups to associations with social class). People tend to live among other people like themselves, and separate themselves from those who are different (Phillips and Curry 2003:143).

One commentator observed that the consumer profile for his postcode did not describe his purchasing patterns accurately (Lawson 2009). A similar finding was reported by sociologists Parker et al. when they gave residents in four streets in different parts of the UK their consumer profiles – most said the classification did not describe them but it *did* describe their neighbours (Parker et al. 2007:913).

Ethnographic observation led Parker et al. to conclude the classifications *do* give some socio-economic and cultural understanding of who lived in the four areas (ibid:913).⁸⁴

In fact, the characteristics of any given household can differ from the neighbourhood average or consumer profile for a given neighbourhood (Longley and Goodchild 2008:178). Mosaic descriptions of consumer groups are ‘pure examples to which individual cases approximate only with various degrees of exactness’ (Mosaic, cited in Burrows and Gane 2006:800). A neighbourhood may be assigned to a category ‘because it is the most similar of the available options...[but] within each class [category] there is substantial variation around any mean or median value’ (Longley and Goodchild 2008:180).

Nevertheless, geodemographic profiles provide useful guidance for retailers and service providers: ‘improvements in targeting of goods and service offerings [using geodemographics] improve measured profitability’ (Longley and Goodchild 2008:190). However accurate the original profiles are, the more they are used, the more ‘true’ they become:

the fact that the final geodemographic classifications are meaningful and useful is not so much a ‘surprise’ of the method as it is a deliberate part and aim of the method. It is a circular argument. They are both meaningful and useful because they are useful; and they are increasingly meaningful because they are increasingly used’ (Parker et al. 2007:914).

The use of these classifications is thus a ‘deeply political and ethical’ matter (Parker et al. 2007:914). In developing and applying them, the ‘classifications interact with the classified’ in a kind of ‘dynamic nominalism’ (Hacking 2002 cited in Parker et al. 2007:915-916).

⁸⁴ On 11/09/07, *Guardian Unlimited* quoted Burrows, who worked on the Parker et al. study, as saying ‘In general, we and the residents thought they [the consumer classifications] were frighteningly accurate’. This was cited in *Marketing Magazine* online on 02/10/07 (<http://www.marketingmagazine.co.uk/news/742967/Quotes/?DCMP=ILC-SEARCH>) Accessed 09/09/10

6.8 Geodemographics and the academy

Geographers Phillips and Curry critique those who developed these systems for having ‘abjured the use of related academic work in geography, sociology and political science’ (2003:137), which probably accounts for the suspicion with which they are regarded within the academy.⁸⁵ This critique parallels that of marketing and its relationship with other disciplines. But academic inattention to geodemographics means its social importance has remained largely unexplored, except for critiques of consumer surveillance (ibid:145-146).⁸⁶ In the process, structural effects such as ‘the management of taste, increased inequity in market knowledge, and the creation of a society fractured into increasingly precise and exclusive market segments’ have been ignored (ibid:147). The image below encapsulates this phenomenon as these young people eat food products designed for and targeted at them, in a place they are normally to be found.



Figure 9: young people eating fast food in a UK city centre at night. The image reflects class, place, the omnipresence of food and implications for health. (Photograph by Maciej Dakowicz in The Guardian 16/05/09). Scanned version and permission given by the photographer.

Sociologists Savage and Burrows speculate on reasons for academic resistance to geodemographic approaches:

we can emphasize our superior reflexivity, theoretical sophistication, or critical edge...yet the danger is that this response involves taking refuge in the reassurance of our own internal world, our own assumed abilities to be more ‘sophisticated’...[But] from their perspective, the research they [market research firms] do...is productive and is ‘effective’ in its own terms (Savage and Burrows 2007:887-888).

The academy’s neglect of geodemographics has left it ignorant of ‘the empirical knowledge that has been built up by marketers on the relationship between

⁸⁵ In fact it was ‘a sociologist turned entrepreneur’, Jonathan Robbins, who is thought to have invented geodemographics in the 1970s (Goss 1995:133).

⁸⁶ Since 2000, there have been eleven journal articles linking geodemographics and health (via Scopus).

purchasing patterns and the patterns of neighbourhood segregation which characterize modern societies' (Webber⁸⁷ 2004 cited in Burrows and Gane 2006:794).

The detail of this constantly updated market research dwarfs anything academics have access to by way of public sector research. But 'key agents in the research apparatus of contemporary capitalist organisations now simply don't need the empirical expertise of quantitative social scientists' (Burrows and Gane 2006:891). Their survey tools are more powerful in terms of quantity, reach and instantaneousness, as 'data on whole populations are routinely gathered as a by-product of institutional transactions' (ibid). Mosaic alone says its classifications are used by more than 10,000 organisations (ibid:801).

Social scientists – primarily geographers, but also some sociologists – have, quite separately from the commercial world, taken a 'spatial turn', though there was little mutual awareness of this until recently (Parker et al. 2007:905). They conclude that 'class places people into different types of places...[and] the application and impact of geodemographic classifications recursively reinforces this spatialization of class' (ibid:917). Lyon argues that the proliferation of organisational classifications – which are not free of stereotypes – have played an increasing role in determining life-chances (Lyon 2003:21-22).

As Burrows and Gane observe, 'The success of such classification systems lies in their ability to map out and structure patterns of consumption that in turn aid both the enhancement and regulation of the capitalist market' (Burrows and Gane 2006:807). If what we consume increasingly defines us – both our health, in the case of food, and our status – then geodemographic classifications are themselves influential in this process. Yet most of us, invisibly networked to a range of retailers and purchasing patterns, embedded in the consumption of a given set of goods and services aimed at 'people like us', are unaware of this process, given that the classifications are the result of 'complex algorithms that remain hidden from the user's eye' (ibid:809; Goss 1995:140).

⁸⁷ Richard Webber developed the original Mosaic (neighbourhood) classifications (<http://www.neighbourhoodcentre.org.uk/members/webber.html>); Accessed June 2011.

Savage and Burrows conclude that only commercial transactional research technologies are able to provide nuanced explanations of diverse population groups (Savage and Burrows 2007:894). Academic research should try to link ‘narrative, numbers and images in ways that engage with, and critique, the kinds of routine transactional analyses that now proliferate’. There is a need to investigate the ‘social construction of the classifications that have come to dominate our social world’ (Bowker and Starr 1999 cited in Parker et al. 2007:903) with vital new centres and systems of power. This has arguably already happened in the case of food market research and food consumption. But if we are to engage with these commercial data sources, we will need to campaign for greater access to them (Savage and Burrows 2007:894).

However, Webber, the social scientist who developed geodemographic techniques in the commercial world several decades ago, finds it difficult to see how neighbourhood classifications could be ‘translated into forms which can contribute to academic discourse’ (Webber 2007:185). Academic awareness of these classifications is ‘fragmentary’ and access to the classifications themselves is limited (ibid), presumably for commercial reasons. Nevertheless, Webber sees some similarities between Mosaic classifications and sociological discourse (on globalisation and neighbourhood gentrification, for example) (ibid).

6.9 *Geodemographics and health market research*

Commercial marketing data houses have also developed neighbourhood classifications for non-commercial clients such as health authorities and policymakers – another reason for academics to pay attention to them, as commercial market research firms are increasingly consulted in developing public policies. CACI’s HealthACORN profiles offer ‘a unique insight into the diet, exercise and illness attributes of the people in your local area’, including those who do not regularly attend GP surgeries (CACI 2011).

The regular Acorn profile for families on very low incomes living in council housing notes that they eat more fast food and takeaways than the population average (CACI 2009:type 48). HealthACORN profiles describe the diets of a low status group in some detail, alongside health status:

Diet is poor. The odds are that a person will be eating less than one portion of fresh fruit or vegetables a day. Crisps, hot instant snacks and food with a higher fat content are likely to be consumed...Given the mixed age profile, the range of illnesses found disproportionately in these areas may be of some concern. Levels of angina are high, strokes and heart problems are likely to be particularly prevalent...the highest levels of the morbidly obese are likely to be found in these areas (Category A, Type 3 'Vulnerable disadvantaged' (CACI 2012; more detail is available to clients).

These profiles, which amount to a description of diet and health habitus, have been used by the government's Central Office of Information and 20 public health bodies and helped develop the Change4Life health promotion campaign. The original television advertisements featured voiceovers in a 'street' accent, cartoon imagery in primary colours and simple, direct language, all seemingly targeted at lower status demographic groups.⁸⁸ HealthACORN informs healthcare providers about local use and future need for health facilities and services, including social marketing/behaviour change campaigns.

Using the same types of data for both commercial and health behaviour classifications, there is a consistent corporate logic running through both. Thus, while information is gathered on food consumption patterns by neighbourhood alongside emerging health needs by neighbourhood, the latter must result at least in some measure from the diet routinely purchased from local food stores and outlets.

Here is an illustration of how this process seems to work: CACI's HealthACORN classifications assess and predict health problems such as diabetes or heart disease by neighbourhood. For Group B Type 11 – 'Urban estates with sedentary lifestyle and low fruit and vegetable consumption' – the profile notes that 'Half consume less than one portion of fruit or vegetable a day. Crisps, nuts and snacks, sausages and potatoes feature more frequently' (CACI 2011). This could alert health services to the kinds of health problems that might result from such diets; *but it also reflects the local food supply and provides useful information for food retailers*. Those who sell the above foods will apparently be well advised to site similar businesses in these areas.

⁸⁸ <http://www.nhs.uk/change4life/Pages/change-for-life.aspx> Accessed 20/07/11. When an undergraduate sociology tutorial group moderated by the author (January 2010) discussed a Change4Life promotional video, students found it unsuited to people like themselves, and thought it might be considered condescending to those at whom it *was* targeted.

This case shows the role of language in identifying groups of people involved in a given practice, 'the construction of identities for them, and the differences between them...different styles attach to different identities' (Fairclough 2010:174). The language used to describe consumer groups is direct and unadorned in the above case; quite different styles of both description characterise their commercial classifications, though the term 'lifestyle' features in both, illustrating its inadequacy as it describes both low status, marginal lives and high status, affluent ones.

For the data house Experian, Mosaic classifications include one which specialises in grocery purchases by neighbourhood using its own demographic data and lifestyle surveys as well as government Expenditure and Food survey data (Experian 2011). Its 'Public Sector' service includes health studies analysing location, demography, lifestyle and behaviour. This service enables policymakers/service providers to

understand the needs of customers and local areas to optimise the allocation of resources... develop personalised messaging and communication that changes behaviours and improves service adoption, and accurately measure the risk and value of customers now and in the future (Experian 2011⁸⁹).

Again, the 'double' use of geodemographic data, for both marketing foods and planning for health needs which might be the result of poor diets characteristic of some areas, poses the question: could this kind of research about a neighbourhood's food consumption patterns and health consequences have the unintended side-effect of reinforcing the siting and availability of such foods, and the patterns of consumption themselves? The following cases illustrate the interaction between low status, illness and food retail type.

A social marketing initiative to raise awareness of diabetes built on commercial geodemographics and combined it with Hospital Episode Statistics (HES), a database listing hospital admissions in England since 1996. The patient's health and demographic details are compiled along with postcode (Farr et al. 2008:458). There are an estimated 850,000 undiagnosed cases of diabetes in the UK; overall diagnoses number 400,000 (Type 1) and 3.4m (Type II) (Hex et al. 2012).

⁸⁹ This text has been taken from the Experian website: <http://publicsector.experian.co.uk/Products/Mosaic%20Public%20Sector.aspx>

In the Farr et al. study, those most at risk of untreated diabetes were segmented into four groups: 'South Asian Industry, Families on Benefits, Low Horizons and Ex-Industrial Legacy' (Farr et al. 2008:459). All four groups were considered 'economically stressed', so local discount retailers were targeted by the awareness campaign. The study reported anecdotal evidence of increased screenings, but an independent evaluation found no significant change in incidence (diagnoses) of diabetes in adults over 50 (ibid:460). The authors of the study note that the benefits of social marketing campaigns may only be measurable in the longer term. But this type of initiative is downstream by its very nature. The problem originates at least partly in local food supplies and dietary patterns; both are linked to the social class status of the groups identified above.

6.10 *The power of geodemographics: the perfect panopticon?*

By 1995, geodemographic systems were growing rapidly, and the companies which had pioneered them were merging into IT conglomerates (Goss 1995:131). Public datasets could be integrated with finance/insurance and health company data, consumer surveys and other consumer data, and finally, each client's customer data (ibid:150). Even in 1995, the quantity and depth of the resulting data was remarkable (ibid). Goss believes the industry flourished because of the capacity 'to monitor, model and control consumer behaviour, and ultimately because they promise the capability to manipulate the market and consumer identity to enhance profitability' (ibid:131). Similarly, Lyon observes geodemographic surveillance technologies capturing personalised data and argues that these 'abstractions' are then used 'to place people in new social classes of income, attributes, preferences, or offences, in order to influence, manage or control them' (Lyon 2002 cited in Burrows and Gane 2006:802).

Thus we should be concerned not just with privacy issues stemming from increased commercial surveillance, but also with the use of this knowledge to categorise and characterise groups of people, areas and even social relations, 'and to reify those models' (Phillips and Curry 2003:148). If geodemographic insights lead to the siting of food options according to our home and work neighbourhoods and the routes we take between them, for example, then this structures an individual's 'foodscape' and food

consumption. In managing the consumer's environment, 'desires are predicted (or manufactured) and sated before they have fully entered the consumer's consciousness' (Williamson 2000 cited in Phillips and Curry 2003:148). This recalls the conclusions of behavioural economics regarding the automaticity of some types of consumption behaviour, and illustrates how the habitus can be subtly steered by industry strategies and activities in 21st century foodscapes.

Geodemographic research produces customer profiles that reflect a rational, predictable social world which is appealing to corporate clients (Phillips and Curry 2003:132). This conceptual order would also hold powerful appeal for public bodies, to whom it is marketed in a public policy context; so market research and analysis is one mechanism for increasing 'governmentality by both capital and the state' (ibid: 148). It offers a kind of 'geostrategic technical control over the everyday life of the consumer, through the collection, consolidation and circulation of information necessary to predict behaviour' (ibid:162). When consumers purchase the goods marketed at them – and as they use and make meaning from them – they are in the process of constructing 'appropriate' identities (ibid:156,162). So those who control market information influence 'the means of production of social identity' (ibid:162). While this does not render consumers 'dupes facilely manipulated by capital and the state... geodemographics does at least promise that...systematic manipulation of consumers is possible' (Goss 1995:141).

We as consumers assist efforts to track our movements, for example, when we participate in surveys or focus groups, complete applications for a variety of goods and services, navigate the internet or use smartphones or bank or loyalty cards. Collectively, this creates 'the perfect panopticon' (Goss 1995:146) – a highly accurate yet invisible surveillance system, constantly updated and increasingly able to track and rank individuals accurately in time and space. The confidentiality of company profiles and any resulting marketing strategies offer a powerful draw for prospective clients, and enhance the effectiveness of the 'panopticon' (ibid:143).

The permeation of the public domain enabled by geodemographics marketises it in a sense, such that 'the character of lived regions becomes the product of the goals and

strategies of ever fewer, more interlinked, well-capitalized, and private corporate interests' (Phillips and Curry 2003:149). At the level of the individual, his or her lifeworld, to use Habermas's term, is changed, moulded – colonised.

6.11 Tracking consumers digitally

'Facebook is at the centre of the gold rush of marketing spend' (Guardian 05/03/12).

The practice of segmenting potential consumers by tracking evidence of their existing preferences is being further transformed by access to patterns of internet/digital usage (Pariser 2011⁹⁰). Since December 2009, Google has used a range of signals – 'everything from where you were logging in from to what browser you were using to what you had searched for before – to make guesses about who you were and what kinds of sites you'd like' (ibid). Each Google user has a personalised profile, making computers 'a kind of one-way mirror, reflecting your own interests while algorithmic observers watch what you click' (ibid). Google says it will not sell this data, but other personal data firms or 'behaviour market vendors' will (ibid). Personalisation will thus shape what we purchase and even the news we consume. Social-networking sites are already a prime source of 'personalised news feeds' for 36% of those under 30 in the US. Internet filters extrapolate from things we like to predicting future behaviour: 'they are...constantly creating and refining a theory of who you are and what you'll do and want next' (ibid). This places each of us in an invisible filter bubble which we are not aware of and which we have not chosen to enter. It is a form of 'informational determinism' which 'can affect your ability to choose how you want to live...you can get stuck in a static, ever-narrowing version of yourself' (ibid).

For example, Facebook knows its users' real names, their gender, who their friends are, what they are engaged in at a given online moment, interests, educational background, etc. While there have been assurances that personal identities will not be sold to advertisers, they will have enough information to target users with a high degree of precision (*Observer* 21/11/10). One industry commentator concludes that 'Facebook is positioning itself as a formidable advertising platform. With its wealth of personal information – helpfully supplied by users – Facebook enables advertisers to

⁹⁰ I used an excerpt from Pariser's book in *The Observer* (12/06/11) so page numbers are not given.

target consumers according to demographics, their locations and even their interests' (*Marketing Magazine* 'Revolution' supplement 09/10a).

Online advertising now accounts for 25% of marketing budgets; UK brands spent £4.1bn on online advertising in 2010 (*Marketing Magazine* 30/03/11). In the words of one business commentator, 'Playtime's over!...the challenge is now to turn conversations [on social media] into cash' (*Marketing Magazine* conference supplement (a) July 2011). Social networks will become 'a complete database of demographic data, likes and interests, sentiment, status and location information, kept constantly up to date by the people themselves' (ibid). A customer relations consultant writes, 'People on social networks openly share information about themselves. From the banal to the intimate, their location, their age, *what they like to eat*, how they relax, *where they eat...*' (*Marketing Magazine* Conference supplement (b) July 2011; my italics). In a process another commentator describes as 'continuous dialogue', digital technologies provide marketers with 'the capacity to behaviourally target their advertisements, deliver personal creative (sic) and be relevant to individuals' (*Marketing Magazine* 25/05/11).

Mobile handheld devices, with their 'ecosystems of apps, tags, geo-coding, augmented reality, micro-blogging, synching, avatars and the like...will proliferate as personal informatics and the internet of objects wirelessly interconnect the sensors that will soon be embedded in everything in order to capture and act upon real-time information' (*Marketing Magazine* 12/01/11). This phenomenon will typify the 'demographic hand-off from the generation over 50 to the generation under 30' already underway (ibid).

Domino's Pizza has already exploited the benefits of 'mobile commerce':

in the first three months of launching our iPhone ordering app, we took more than £1m, purely through natural adoption...the opportunity to target and home in on our potential customers through demographic and behavioural targeting, as well as using time and new location propositions, is exciting (Domino's Multimedia Manager cited in *Marketing Magazine* 19/01/11).

One UK market research firm, Field Agent, uses an app to recruit consumers as field researchers – photographing merchandise, counting products displayed, checking

point-of-sale material. Participants (7,600 as of June 2011) are paid a small fee (*Marketing Magazine* 08/06/11a). Field Agent reports that 'the quality of data is excellent' (ibid).

Even before Google had introduced its new filter monitors, one marketer questioned whether too much filtering, with the reinforcement of existing interests this implies, gives consumers less scope for stepping outside their existing preferences to try new products (Walmsley in *Marketing Magazine* 04/03/09 cited in Chapter 7). As this technology develops, Google's executive chairman observes that 'it will be very hard for people to watch or consume something that has not in some sense been tailored for them' (Schmidt cited in Pariser 2011). Tesco Direct is shifting from manual to automatic merchandising, along the lines of Amazon, in which Clubcard data will enable customers to 'see content reflecting their purchases, and those of consumers with similar profiles' (*Marketing Magazine* 17/08/11).

Analysing where the most likely customers are to be found, tracking what they already buy, then tailoring products via the use of images, language, packaging, and product placement/siting have long been central to marketing. But should there be limits on the technologies, both on- and offline, now used to do this? One marketing critic comments that 'today's dark arts are practised with the aid of MRI scanners, facial EMG electrodes and...eye-tracking and video surveillance techniques', although these are just the latest approaches in achieving a central market research objective – extracting 'veracity from respondents [is] deemed to be too unreliable to be taken at face value' (*Marketing Magazine* 13/04/11). Describing the high-tech approach as 'creepy', this commentator recommends a more ethical, 'co-operative inquiry...well known to academics but almost virgin territory for marketers' (ibid). In such a scenario, 'active subjects, fully aware of the objectives of the research, [would be] fully participating in the exploration of their own behaviour and the extrapolation of meaningful conclusions' (ibid).

The term 'creepy' is used by another commentator in *Marketing Magazine* to describe what amounts to 'virtual stalking' – a degree of tracking online behaviour which would be unacceptable on an actual shopping excursion (26/01/11). In online retail, 'the

techniques we can apply are growing in sophistication, and some of them cross the line' (ibid). As another marketer wrote the following month, 'Will consumers be happy with a future of ubiquitous, pervasive surveillance and stalking, where every place they go and every online conversation they have is monitored and fed to back-room real-time ad servers?' (*Marketing Magazine* 23/02/11). He feels this takes marketing's previous information-gathering on customers, 'usually without their explicit knowledge or permission', a step too far. It is one dimension of an emerging critique of marketing ethics – by marketers – which will be discussed in the following chapter.

Still developing is marketing's use of Twitter for 'real-time conversations with consumers', with the launch of branded pages in February 2012 (*Marketing Magazine* 15/02/12). Pages are free, but 'brands must commit to spending about £25,000 on Twitter ad products, such as promoted tweets, usually over a three-month period' (ibid). Cadbury already has 1m fans on Facebook, and hopes Twitter will 'create a real-time buzz' for its newest chocolate campaign (Kraft spokeswoman cited in ibid). These 'conversations' are entertaining for participants, but they are also meant to foster brand loyalty and promote products, and may be opportunities for data-gathering. Social media like Twitter and Facebook are here to stay, but 'real-time conversations' between 'brands' and their target consumers are arguably further evidence of the 'systematically distorted communication' Habermas warned of long before the advent of social media.

6.12 Conclusion

This chapter revealed the role of marketing in selling products and services, but also, having mined the insights of psychology, in nurturing desire itself. Hackley's critique noted the power of marketing not only in driving consumer purchases but beyond that, in laying the foundation for capitalist economies, even as it misleadingly underestimates its own role and influence⁹¹. Marketing shapes dietary patterns but is

⁹¹ Hackley's critique is striking because Hackley himself is a business and marketing academic. I raised this in an email to him. He replied that academic marketing in general lacked a reflexive critique but that there was a growing number of critical marketing academics in Europe and critical scholars in the US Consumer Culture Theory research group. Nevertheless, he said, this critique remains a minority perspective (06/09/12; personal email from Hackley, C.).

not usually observed by those whose lifeworlds are permeated and altered by it – that is, all of us.

In this chapter I cited examples of marketing strategies which normalised the consumption of HFSS foods: in meal deals; foods targeted at low status people; and the language of marketing discourse which masks the ways in which foods are designed for and targeted at differing population segments. Yet higher status people are also tempted by ‘indulgent’ (HFSS) foods, despite an expressed interest in healthy eating. Marketers grasp this contradiction and, in co-operation with food product developers and retailers, cater to it. As the literature reviewed in Chapter 4 noted, many higher status people are overweight or obese. Marketers will not be surprised by this phenomenon. They describe the persistently health-seeking eater as only a subset of higher status consumers, recalling Skeggs’s idea (Chapter 3) of the subset of middle class people characterised by a reflexive approach to social life.

Market research was also examined in detail in this chapter. By tracking and classifying consumers by social group, market research has a role in reinforcing those groupings and the consumer identities and purchasing patterns that flow from them.

Geodemographic research reveals neighbourhood consumption but also – separately, for different clients – neighbourhood health needs, even when medical records are lacking (among those who have little contact with health services), partly by assessing things like food purchases and dietary patterns by household. These distinct yet complementary types of market research may contain a contradiction, as the unhealthy foods which blanket some neighbourhoods and dominate the diets of residents also generate diet-related illness over time. In this case, the market, broadly conceived, leverages both the food supply and the health policy solutions to problems flowing from it.

This chapter also made clear why social scientists who research food consumption should be aware of commercially oriented research engaged in the same task. This research and the influence it has on consumption is a generative mechanism shaping diet, yet people are mostly unaware of the degree to which they are tracked and supplied based on consumption identities that are continually updated through

purchase data and geographic and online roaming. Nor is this research all quantitative; in this chapter, examples of qualitative, ethnographic research were described, amid the stated aim of marketers to suggest 'needs' consumers are not yet aware they have.

Doubtless many of those who carry out market research and analysis are trained in sociology, psychology and anthropology. Those who practise these disciplines within the academy are well placed to research the researchers who inhabit the commercial world and the techniques they use. We should be aware of what they are doing, since their research is used not only to market products and influence social practice but also to market health analysis and health policy advice to government. The material presented here highlighted the pervasiveness, quality, resources and reach of commercial social/marketing research.

Such research perhaps unintentionally strengthens the argument for looking at consumption in class terms. The marketing classifications sampled in this chapter depicted the inhabitants of deprived neighbourhoods in terms which did not try to imply that these people were all making free choices; indeed, the types of housing and amenities they experience, their education, family structure and employment profiles, are all listed as part and parcel of their classification. Patterns of food consumption, characterised by poor nutritional quality, are described alongside the health risks arising from them. Though it is not the stated aim of these classifications, they illustrate in a Bourdieuan way the package of life experiences and locations from which such behaviours result.

The following chapter focuses in greater detail on one of the key tasks of marketing: segmentation. The discussion will reveal how marketing targets consumers and how consumer segments relate to concepts of social class; how supermarkets and food products are ranked and distinguished both by consumers and producers of food, and how consumers identify and interact with their segmentation profiles in their shopping and eating habits. The chapter concludes with a review of an ethical debate among marketers regarding the role of their discipline in altering norms and contributing to problematic consumption.

Chapter 7: Social class in food retailing and marketing and reflections on marketing ethics

7.1 Introduction

'The homogenizing and illusory notions of the consumer and of the consumer interest will tend to come up against differences of income, gender, race, region, nationality, class, etc.' (Fine 2006:306).

'Any substantial group of people develops shared beliefs and behaviours' (Blythe 2006:44).

Segmentation is described as 'the process of classifying people into groups that have some set of similar characteristics, resulting in the ability to be studied and targeted' (marketing agency Xtreme Impact 2011). There have already been several references to market segmentation, which is informed by the qualitative and quantitative market research techniques and data described in the previous chapter. Segmentation lies at the heart of how social class is reflected in food consumption.

Marketing's engagement with social class as a way of understanding and serving consumers will be discussed in this chapter, showing how shoppers, supermarkets and even food products are 'classed'. Consumers are shown participating in this process; successful marketing engages in a highly reflexive way with consumers. This can be beneficial in health terms, or not, as the case may be. The chapter concludes with an analysis of the ethics of food marketing, with marketers themselves expressing reservations about aspects of marketing and the ethical limits which practitioners must continually negotiate. This was alluded to in Chapter 6 but is explored more fully here.

7.2 The role of segmentation in marketing

In segmentation, existing and potential consumers are:

profiled, categorized and sorted into groups in order to 'target' them with marketing initiatives...Marketing segments have to be viable in the sense that they must have the necessary disposable income, the segment must be large enough to sustain the required level of sales, and it must be accessible (Hackley 2009:90).

Dibb and Simkin describe the importance of segmentation in Tesco's success:

It developed a clear marketing strategy based on a desire to fully satisfy a carefully targeted set of market segments. Tesco is continuously upgrading its stores, adding new services and product lines, and innovating with channels of distribution through Tesco Metro and Tesco Direct with the aim of addressing its targeted-segment customer needs. Market segmentation is at the core of robust marketing strategy development...Tesco has [also] led the way in creating over 400 'ethnic stores' catering

for the diversity of consumers in particular store catchments' (Dibb and Simkin 2009:48,128).

There is nothing wrong with this practice; indeed it might well be experienced as good customer service. The image below shows the way in which one supermarket has remained alert to the changing nature of populations local to its stores. The number of independent Korean shops in the same neighbourhood as this Tesco store catering to Korean customers does not seem to have diminished.



Figure 10: Segmentation by ethnic group: Tesco serves a large Korean community in southwest London. Image by Tesco is a scanned version of a home-delivered leaflet.

But Tesco and other supermarkets also serve distinct groups in terms of socio-economic status. Challenging this notion, one business commentator said Tesco, 'like so few of its high street rivals, has succeeded in making itself largely classless, with price ranges designed to cater across the board' (*Observer* 25/04/10). In fact, it appeals to several different social groupings with products of varying quality and status; this is not the same as being classless. An ad agency executive describes Tesco products' class status for different shoppers: 'The middle classes buy their wine, petrol and insurance from Tesco. The working classes buy their food, clothes and everything else from Tesco' (*Marketing Magazine* 09/03/11(b)).

Tesco tracks customers via its clubcard and its own market research group, dunnhumby, which 'analyses the shopping habits of the 16 million cardholders. It knows more about its shoppers than any of its rivals and can tailor offers to customers' (*Marketing Magazine* 09/03/11(b)). A marketing analyst observes that with the growth of mobile technologies, 'Tesco will be able to build more detailed personal pictures of every customer – their needs, wants, preferences and moods' (*Marketing Magazine* 09/03/11a). Customer 'location, social graph and...everyday behaviour' can be learned from its consumer data (ibid).

This sort of tracking is also carried out by market research firms. In the 67 household types and 15 groups listed in the Mosaic profiling tool⁹², descriptions of typical food consumption feature in most categories. The same is true for HealthACORN segmentations, which also describe how each profile would be educated, employed, and housed, without referring to social class per se.

There is even some value in marketing elite products to general audiences, alerting consumers who are *not* the target group to their attractions; thus ‘wearers of Rolex watches no doubt enjoy the fact that many non-consumers will recognize the brand they wear’ (Hackley 2009:90). A Bourdieuan distinction is thus lent to those who purchase the luxury goods by comparison with those who cannot – the latter still know what the luxury goods are worth, and that they are not for people like themselves.

One problem with using segmentation to target consumers is that it can have the effect of ‘cocooning’ them – potentially stultifying businesses and markets simply by offering shoppers the kinds of products that only reaffirm the kinds of consumers they already are, as one marketing commentator observed (Walmsley in *Marketing Magazine* 04/03/09). This acknowledges that marketing does have some degree of power to reinforce both personal identities and consumption patterns.

Edwards, a sociologist of consumption, queries the ‘tendency of contemporary patterns of consumption to individualize every activity into a lifestyle miscellany’ and finds that ‘the creation of a plethora of mutually exclusive lifestyle categories seems paradoxically to reinforce the economic inequalities it seems to undermine’ (Edwards 2000:186). There are many ways in which consumer groups can be segmented, but the social status or ranking of potential customers is fundamental for product developers, marketers and retailers. I will now examine in some detail how marketing academics, practitioners and retailers engage with concepts of social class via segmentation, and the role it plays in food consumption.

⁹² <http://www.experian.co.uk/business-strategies/mosaic-uk-2009.html> Accessed 2/04/11.

7.3 Marketing and social class

'Primary socialization within a consumer culture creates a mass of "good" consumers, behaving in consonance with the aims of corporate capitalism. Since the...[consumption] code prescribes meanings in advance, individuals are channeled into certain forms of class and consumer behaviour' (Cherrier and Murray describing a Baudrillardian analysis, 2004:517-518).

'Social class is based on a very old fashioned view of economic structure' (interview with retail consultant 2011).

Marketing has long classified populations as consumers into six broad groups; A, B, C1, C2, D, and E. Each is associated with a 'class' label and occupational status, based on official national statistics, from higher managerial/professional, to pensioners/unemployed, etc. (Dibb and Simkin 2009:126). In the image below, an artwork which appeared in a 2009 exhibition on social class in British history, the artists have brought together these marketing classifications with images of cutlery wittily representing different social classes as they are segmented and labelled in marketing practice. The lists below the picture link marketing designation with professional status and type of occupation.

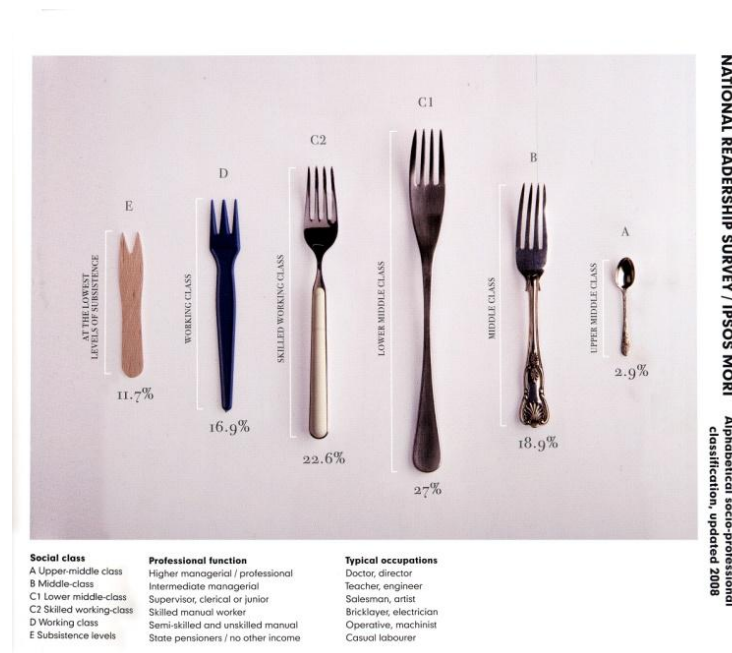


Figure 11: This artists' rendering of social class and marketing classifications in a food context uses differing style and quality of cutlery to represent each group. (Image by Ben Branagan and Gareth Holt, p.101 of the catalogue for the exhibition *RANK: Picturing the social order 1516-2009*, Northern Gallery for Contemporary Art, Sunderland).

These marketing categorisations are referred to constantly in marketing discourse.

Dibb and Simkin mention the innovations of the official NS-SEC categorisation in 2001 but do not cross-reference it with the A-E marketing classification. They do acknowledge that the NS-SEC 'aims to more closely reflect consumers' purchasing power on the basis of their position in the labour market' (Dibb and Simkin 2009:127).

This may not have been the intention of the originators of the NS-SEC, but it is undoubtedly one of its outcomes. The NS-SEC categories and even marketing's adaptation of them leave us a fragment of Marx's original idea of class relations in their labour market context.

Social class in consumer research has had a trajectory broadly paralleling that of class in sociology, with a strong focus from the 1940s to 1960s, but fading since the 1970s (Henry and Caldwell⁹³ 2008:388). Today, 'consumer society *seems* largely uninterested in questions of class, race, gender or sexuality, other than as niche markets or selling points...however, this tends to mask the continuing significance of indicators of oppression...which are often hidden in discourses of consumer choice and consumer democracy' (Edwards 2000:5).

In the 1990s, Bourdieu's ideas began to circulate amongst marketing theorists, who saw class-based behaviours in daily life as habitual rather than deliberate. Holt's 1998 research showed how class influenced the consumption of food and other household items in the US. Class had *not* faded, as many had concluded, but the class structure had changed 'in terms of the overt markers that identified each social class group' (Holt 1998 cited in Henry and Caldwell 2008:398). In other words, 'sociohistorically-shaped experiences lead to spontaneous and socially embedded choice' – *not* deliberate or conscious choice (Allen 2002 cited in Henry and Caldwell 2008:390).

But class is a relatively arcane idea for marketing practitioners today. A market research executive I interviewed said, 'We rarely if ever talk about social class with clients. It's a kind of concept that's irrelevant to the conversation we're having. They're more interested in: what are they [customers] spending, what are their lifestyle characteristics?' (Interviewee A 2011). Nevertheless, he likened the ABCDE classifications to social class: simplifications of more complex segmentations which can only be assessed by detailed geodemographic research. As he put it, retail clients just want to be able to understand that a given segment is, for example, 'predominantly educated urbanites, but in old money, in social class terms, they're AB'. Geodem-

⁹³ Marketing researchers

ographics and focus group data can provide a more specific picture which links numbers and types of potential customers according to where they live.

The rise of the 'quantitative project' of multivariate statistical marketing research indirectly admits the influence of social class, with its measurements of income, education, and occupational status (Henry and Caldwell 2008:400). Marketing as a discipline understands that 'a set of co-occurring holistic lived conditions tends to follow a predictable trajectory from childhood through adult maturation that creates outcomes such as distinctive dispositional tendencies, and a range of wellbeing outcomes such as health, wealth and consumption practices' (ibid:402). This recalls not only Bourdieu's concept of habitus but also Weber's description of class in which 'a specific market position accrues a similar mix of living conditions and life chances that in turn shape members' outlooks' (ibid:395).

When asked if brands illustrate class divisions, a retail marketing lecturer responded:

Yes and no...targeted marketing enables product manufacturers and distributors to pitch products to specific sectors of a population. Take vodka: Smirnoff Red Label vodka is Diageo's biggest selling brand of spirits. Diageo...sells premium brands such as Guinness, Gordon's Gin, Johnny Walker Scotch whisky. Red Label Smirnoff is the market-leading brand and Diageo spends more than £1bn a year on advertising in order to create the 'right' image for the drinkers of its brands. Glen's Vodka is targeted at less affluent members of society, whereas Grey Goose is positioned to attract the more discerning and affluent customers. So it could be argued that the vodka we drink defines our social class (Ellis-Chadwick cited in *Sesame* 2010:41-42).

But class is rarely addressed overtly within marketing discourse. Instead, among marketing practitioners, whose work is discussed weekly in *Marketing Magazine*, I observed the terms 'premium', 'discerning', 'affluent' (and 'less affluent'), along with 'health-conscious, upmarket', 'high end', 'good taste', 'ABs [highest- status marketing category] aged 25 to 34', 'DEs' (lowest socio-economic group) and 'educated consumer' to denote the social and economic status of potential consumers for a given brand. These terms are proxies for social class, including socio-economic status, and the perceived overlap of taste with status.

While those who experience poor diets and ill health are central to health studies, Edwards finds that the opposite is true of both academic and popular interest in consumption:

the focus has centred on a single dimension of consumer society, most commonly the significance of affluent, aesthetic consumer style cultures...it is consumer society's construction of its own poor, as it were a consumer underclass, that sometimes comes under least scrutiny (Edwards 2000:189).

The present analysis of food consumption by social class aims to redress this imbalance.

The way class is approached in marketing education is worth examining, not least because it may be the last time a marketing practitioner encounters the term. The undergraduate marketing textbook cited below describes it in quite instrumental terms:

Within all societies, people rank others into higher or lower positions of respect. This ranking results in social classes. A social class is an open group of individuals who have similar social rank. A class is referred to as 'open' because people can move into and out of it...In the UK, many factors are taken into account, including occupation, education, income, wealth, race, ethnic group and possessions...To some degree, people within social classes develop and assume common patterns of behaviour...Social class influences many aspects of people's lives...whom they marry, their likelihood of having children and the children's chances of surviving infancy. It influences childhood training, choice of religion, selection of occupation and the way in which people spend their time..Social class affects the type, quality and quantity of products that a person buys and uses. Social class also affects an individual's shopping patterns and the types of store patronised (Dibb and Simkin 2009:126).

Historical contextualisation and the relationship between class and economic or social forces is unexplored, as is any link between the reinforcement of 'an individual's shopping patterns' and the way that individual is marketed 'to' over time, and any resulting ill effects. Nevertheless, students are learning about the link between status/rank and behaviour/consumer choices, and segmentation by class is clearly acknowledged, without any further exploration of social inequality or social structure. This excerpt from Dibb and Simkin is broadly comparable to other marketing textbooks I checked for the treatment of social class in marketing education.⁹⁴

A rare reference to social class appears in a marketing text on fast food: 'Not only have demographics played a role in market conduct, but so has social class...[with] subtle associations reflected in decor, color, menu offerings and other factors' (Mitchman 1998:39). So apart from the food itself, design also reflects the status of customers.

⁹⁴ A range of undergraduate sociology textbooks similarly sampled discussed social class at a much higher level of complexity.

Between September 2010 and September 2011, two articles in *Marketing Magazine* cite the same study on social class. These were the only references to 'social class' in this industry magazine during the time I read it. One article was entitled 'Defining the new middle class: a new study gives fresh insight into the growing proportion of consumers who describe themselves as middle class. Its findings are critical to brands' (*Marketing Magazine* 23/03/11). The article describes the study's conclusions about self-defined social class, political orientation and brand preferences among *both* middle and working classes by research firm BritainThinks (2011)⁹⁵. Ten focus groups and an online survey of adults in 2003, weighted to represent the UK population, were asked to self-assess their social class and select their preferred brands. Some 71% of participants considered themselves middle class (7% upper middle; 43% middle, 21% lower middle; no-one self-identified as upper class) and 24% working class.

The report on the middle classes presented six sub-groups, conceptualised in the stylised terminology characteristic of marketing: Bargain Hunters, Daily Mail Disciplinarians, Comfortable Greens, Urban Networkers, Deserving Downtimers and Squeezed Strugglers' (*Marketing Magazine* 23/03/11). A subsequent report on the working class found it to be more homogeneous, despite north-south differences (*Marketing Magazine* 06/07/11). Food brands favoured among this group included Iceland, McDonald's, KFC and Asda. One marketer commented that 'advertisers often forget the working class...If one in four people identifies themselves (sic) as working class...it is still a significant group...they are worth our attention' (*Marketing Magazine* 06/07/11). But in fact all consumer groups are tracked, with products developed, marketed and sited to suit each group. Sometimes the only marketing tool that is used is simply siting ('place'): at the lower end of the market, there may be little or no advertising, but people know which products and outlets are meant for them. For example, in the case of independent fried chicken shops in low income areas, their target consumers – mostly young men with low incomes – know it instinctively (this case is discussed subsequently in section 7.5). Less typically, purveyors of higher status

⁹⁵ BritainThinks offers 'strategic communications, political research, brand development and consumer engagement' <http://britainthinks.com/who-we-are> (Accessed 20/07/11).

products sometimes distinguish themselves by *not* advertising; for them, even this practice is a subtle marketing tool.

One approach to class behaviours and lifestyles is described forcefully:

as consumers fulfill socially sanctioned "needs", they reproduce the conditions for their own domination. Here, the consumer is determined, controlled, and even alienated by marketing practices. Ultimately, consumers do not choose their consumption lifestyles; it is the system of marketing practices that chooses for them (several studies cited in Cherrier and Murray 2004:520-521).

Cherrier and Murray reference this perspective but find it one-dimensional. Marketing is not always insightful or effective: sometimes it fails spectacularly. Alternately, it *can* allow for ambiguity in consumer identities, and it is possible to find one's life improved by consumer products appropriately marketed so we find out about them. But while the views cited above are overstated for Cherrier and Murray, consumption *is* often shaped by industry: 'Many food businesses historically arose to find markets for agricultural products – not to find products which matched consumer needs' (Wennstrom and Mellentin⁹⁶ 2002:28). It was marketing's role to make those needs felt; and as this thesis illustrates, engaging with consumers as members of social classes is part of that process.

7.4 *The classing of food*

'Food standards are in fact socially constructed for a given place and circumstance' (Dallison 1996, cited in Dowler 2003:572).

An academic marketing study references Bourdieu's linkage of cultural capital with taste to show that 'social class position and consumption patterns remain intertwined', whether that position is high or low (Henry 2005:766). Among lower status groups, he observes a 'disempowered tendency to self-restrict' (ibid:767). Disempowerment is, for Henry, 'a primary shaper of habitus' and even of class reproduction (ibid:767,776). His notion of self-restriction could be applied to food consumption in the context of the poor quality of products consumed by (some of) those of lower social class.

Henry's insights might also be applied to a research study presented at the 2011 BSA conference (Thompson 2011). Accompanying low-income shoppers (individually) from

⁹⁶ Food product developers

a deprived area around a supermarket, the researcher asked one shopper why she picked up a particular product:

Researcher: *You seem quite excited about this...what is it?*

Shopper: *[Dairylea] Dunkers. You never had a Dunker?...I like these. They're called Jumbo Tubes. (She puts 4 packs in her basket and walks off). They're quite weird. They're not particularly nice. I have this weird obsession with them. They taste nice but they taste weird...it's like, I can't eat this cheese (pointing to a block of cheese)...In this form I don't like it but in this form I like it (pointing to a bag of grated cheese) but it's the same cheese. (Thompson 2011)*

Dairylea Dunkers would not be marketed to high-status, health-conscious consumers, who may not even have heard of this product; they are not, for example, sold at Waitrose. The salient feature about this shopper's description of them is that she is not sure why she buys them. She says she likes them, but also that they taste weird and are not particularly nice. Yet she is comfortable buying them. She knows how to eat them. She subsequently says she can't eat cheese in a block of cheddar; perhaps she doesn't know what to do with it, or the taste may be too strong. But Dairylea Dunkers have been designed for 'someone like her'; they are, in sociological terms, consistent with her habitus, even though she has had to work at eating them. The concept of cheese is, for her, colonised and arguably distorted by this product, which has only a tenuous relationship to actual cheese.

A nutritional analysis of food advertisements in 30 UK magazines found that only magazines read by affluent readers advertised diet drinks and sweeteners; that, as on television, fruit and vegetables were rarely advertised, and again only for affluent readers; magazines with lower status readers had more advertisements for foods higher in saturated fat, sugar, sodium, protein and carbohydrate; higher status magazines had fewer advertisements for prepared meals and sauces, perhaps reflecting a higher degree of food preparation skills among readers (Adams and White 2009:144-148).

Moran, a cultural historian, traces food and class through the rise of convenience foods in the UK to the 1960s, when frozen foods and especially fish fingers were popular. It wasn't until the 1980s that frozen food transcended its previous class restrictions: by then, 'the ready meal was no longer for sad singletons or lower-class

layabouts' (Moran 2007:156). Then M&S produced refrigerated ready meals which were considered posh; other supermarkets soon followed, targeting 'the young, middle-class professional' using language such as 'fresh', 'slow-cooked' and 'home-grown' (ibid:157).

Frozen meals are still produced, though they 'are now marketed at poorer shoppers, which is one reason why the freezer section of the supermarket is always furthest from the entrance' (Moran 2007:157). Lower priced refrigerated dishes are often presented, in primary colours, simply as value (or even 'valu') meals. The success of prepared meals as a concept was reflected in a survey by the Co-op supermarket, which found that '60% of interviewees thought that chicken nuggets and beans, and pasta in a cook-in sauce, constituted "home-cooked meals"; 44% thought the same applied to heating a frozen pizza' (ibid:159).

As ubiquitous as chilled ready meals are in the UK, the most commonly consumed prepared food in the UK is sandwiches (they constitute 41% of fast food consumption; the next is burgers, at 18%; Burch and Lawrence 2005:7). Millions of sandwiches are sold each week, with frequent innovations: one company launches up to 20 new sandwiches per week (Harvey et al. 2002 cited in Burch and Lawrence 2005:7).

Both ready meals and sandwiches are highly diversified product categories, produced in a range of prices and quality, and with different consumer groups in mind.

Greencore, which makes sandwiches for different British supermarkets reported an 8.4% increase in sales in late 2010-early 2011 (when the sandwich market overall increased by 2.5%), which it attributed to 'stronger demand for its higher end sandwich and alternative lunchtime options such as sushi, wraps and salad' among office workers who are considered affluent enough to have the taste for such products while 'trading down' from restaurant meals and dedicated sandwich shops (*Guardian* 25/05/11).⁹⁷

Supermarkets contract out much food preparation to manufacturers, who may make versions of various products for different customers. Hazlewood Foods produces

⁹⁷ Greencore makes over 200 million sandwiches per year for Sainsbury, Asda, Co-op, Morrisons and Boots (*Guardian* 25/05/11).

chilled lasagne for all UK retailers except Marks and Spencer (Harvey et al. 2003 cited in Burch and Lawrence 2005:8). Companies like these are characterised by a high degree of innovation and flexibility, allowing them to meet demand for products ranging from pizzas to Thai meals to organic soups. Yet even within basic food categories, there are gradations of quality. The case of pizza illustrates the different ‘classes’ of food produced within one product line:

There is a definite pizza hierarchy – a top of the range product (hand crafted, low volume...); there is a middle range or mainstream product (thin and crusty, or deep pan); and there is a bottom of the range economy product (made with basic ingredients). These products will not only be produced in a wide variety of toppings, but also in a range of sizes...and range of situations...The new food manufacturing companies which necessarily produce large numbers and varieties of pizza for niche markets on the same ‘assembly line’ are required to adopt highly flexible systems of production (Burch and Lawrence 2005:8).

This ‘classing’ of processed food happens in many product types. Henley traces the classing of crisps to the arrival of Kettle Chips in the UK in 1987. In addition to their irregular shape and authentic flavourings, Kettle Chips came in large bags for sharing (partially responsible for crisp-eating front of the television, he believes), and were more expensive. Sales of Kettle Chips rose 16.8% during 2009, suggesting a thriving market for ‘posh crisps’ (*Marketing Magazine* 03/03/10). But ‘posh crisps’ are not necessarily healthier, though crisp manufacturers overall are reducing salt, sugar and fat (dietician, Savoury Snack Information Bureau, cited in Henley 2010). Henley cites a British Heart Foundation (BHF) finding that 69% of lunchboxes contained a packet of crisps, with half of British children eating the equivalent of five litres of cooking oil per year in crisp consumption (ibid). Given the normalisation of a packet of crisps as a part of lunch, it is unlikely most people realise the quantity of fat being consumed as part of this ‘normal’ practice. Below, the British Heart Foundation created this image of a child drinking from a bottle of oil to make the point:



Figure 12: “What goes into crisps goes into you”; slogan and image from BHF campaign as it appeared on the BBC website 29/01/06. Details in Reference List.

Sales of crisps overall in the UK rose by 27% between 2006 and 2011, reaching £3.16bn (*Marketing Magazine* 04/04/12); two-thirds of purchasers look for price promotions, and 'men and the under-45s are most likely to eat crisps and salty snacks daily' (ibid). The trajectory for 'healthier' crisps was flatter; but 'the premium segment [posh, but not described as healthy] has performed well...so it would seem that consumers are paying little heed to the government's healthier-eating messages where crisps are concerned' (*Marketing Magazine* 16/03/11). As sales figures indicate, crisps are big business. Kellogg has recently bought the crisp brand Pringles for \$2.7bn from Procter & Gamble (*Marketing Magazine* 30/05/12).

The biggest buyers of crisps are families with children aged 5-15: 'The restrictions on HFSS foods in schools mean children's snacks have come under pressure. While eating crisps in schools has declined as a consequence, consuming them on the move or outside schools has risen' (*Marketing Magazine* 30/05/12). Sales of crisps are expected to increase another 21% by 2015 (ibid).

In another example of the class-food relationship, 'women, over-35s and the D socio-economic group are the most ardent sweet biscuit eaters...[while] women, the over-55s and the lowest (E) socio-economic group' buy more savoury biscuits (*Marketing Magazine* 15/06/11a). Some 90% of consumers eat sweet biscuits, and 70% eat savoury ones, but 'health considerations mean frequency of purchase is unlikely to increase' (ibid). Frequency of purchase of snack/prepared foods, and levels of HFSS foods consumed, must vary by consumer group; *Marketing Magazine* does not elaborate, and the grocery stores I requested this information from were not willing to provide it.

Nuts, seeds and dried fruit are expensive, 'so they are more popular with the affluent and the over-45s', although 'retailers have launched 'value' ranges of mixed nuts and fruit to cater for more cash-strapped consumers' (*Marketing Magazine* 10/11/10). This comment is illustrated with a package of Red Hot Chilli Big Nuts below a photograph of dried fruit and raw nuts, which graphically emphasises their differing socio-economic appeal. The Big Nuts are for those on lower incomes; the product is pictured as a fun

image in sharp contrast to the austere simplicity of the unadorned fruit and nuts, destined for higher status consumers:



Figure 13: 'Value' nuts for the 'cash strapped'; raw fruit and nuts for the 'affluent and over-45s' (Marketing Magazine 10/11/10). Image reprinted with the permission of Marketing Magazine.

One less visible category of food consumption is the food produced by independent food restaurants/fast food providers, especially those supplying fried chicken, burgers, kebabs and curries. These businesses are very localised, set up by people who know the area and customer base well, although they may make use of a discounted neighbourhood profiling service offered by market research firms (Interview A).

The salt and health research charity CASH found high salt concentrations in a study of 784 curry products from both grocery stores and independent restaurants (CASH April 2010).⁹⁸ While the government's discussions about health with food manufacturers and retailers have focused on chain stores and restaurants, independent providers are not so easily reached. Nor are they visible in lists of voluntary participants in the government's Public Healthy Responsibility Deal. However,

the Department of Health has produced guidance for SMEs and is seeking to engage with them through relevant representative bodies. We are also exploring how action might be taken at a more local level to broaden the scope of participation (DoH March 2011).

Salt targets do not apply to the 'out of home sector'. Nevertheless, KFC has lowered both salt and fat content, though there is still a gram of salt in one of their chicken wings (Jenner, a nutritionist, cited in *Guardian* 18/02/11).

⁹⁸ An Iceland curry meal contained 7.2g of salt; a takeaway curry from a London curry restaurant had 6.81g of salt. Sainsbury's Be Good to Yourself range offers one meal with .91g of salt. 6g is the recommended daily maximum salt intake.

7.5 *The case of fried chicken*

Fried chicken sales have grown by 36% between 2003-2008, faster than the 22% growth in fast food overall (*Guardian* 18/02/11). A councillor in Oldham who objected to KFC's plan to open in an area that already had 16 fast food outlets commented, 'We literally have streets that consist of nothing but kebab shops, chippies, curry houses, pizza, chicken and burger outlets' (ibid). The class dimension of such foodscapes does not escape one North London fried chicken purveyor: 'Fried chicken won't work in Chelsea, Kensington or Hampstead, or anywhere like that. It's only places for the lower middle class or working class. That's the only place you can do it' (ibid). Notably, he cites both class and place – targeting neighbourhood and class are crucial to the success of these businesses. In London's most deprived borough, Tower Hamlets, there are 42 fast food retailers per school compared to a national average of 25. A 20-year-old man said he ate fried chicken 'a lot. Probably daily. It's, like, addictive or something' (ibid). Fried chicken consumption by young men is captured in the image below.



Figure 14: Young men eat fried chicken at an independent outlet: 'men are more likely to purchase impulse items, to spend more on food shopping, and to purchase certain types of food, especially snacks and convenience products' (Michman and Mazze 1998:5). Photograph ©Wellcome Images; faces blurred for use in this thesis.

The case of fried chicken outlets underlines a dimension of marketing, and one of the four P's – 'place': the importance of locating where your customers will find you easily, and recognise that you are selling food for people like them. Advertising doesn't really come into this type of food provision, though price promotion (on store-fronts and leaflets) may be part of efforts to attract customers.

Larger global trends underlie this pattern of fried chicken consumption. Chicken prices have remained stable in comparison to other meats; production is less affected by adverse weather and consumers rate it highly in terms of versatility, taste, ease of preparation and nutrition (Gatfield 2006:34). Also, 'value added segments are growing in line with changes in consumer tastes and preferences'; much less chicken is

produced and sold as raw (ibid:35). A major advantage for producers is that chickens eat 'less than half the amount of feed compared to 25 years ago...feed represents 50-60% of production costs' (ibid:39). Developments in soya processing allowed its fat and lecithin (for use as emulsifiers) to be removed and used in food processing, while the remaining soya meal is fed to intensively reared chickens (Lawrence 2008). The removal of fat from soya made it edible by chickens and other animals (ibid).

So the prevalence of fried chicken even in areas where they have no previous cultural resonance, such as Tower Hamlets, has its roots in these global and agro-scientific developments. In the study previously cited, by Bagwell (2011), she explores this paradox, finding that this predominantly low-income, Bangladeshi area characterised by independent fast-food outlets has easily absorbed fried chicken into its dietary routines. Although it is a novel item, it is culturally sanctioned by its compliance with halal requirements and the addition of spices to the crumb mixture (Bagwell 2011:2225). The halal status of such outlets is even used as a marketing tool, and the novelty of the dish, which is not prepared in people's homes, is seen as a positive feature, in that it provides a treat (ibid:2226). The broader cultural needs of this consumer group are met via the low pricing of fried chicken and an accessible, welcoming social space for patrons, many of whom are young people looking for a more youthful atmosphere and activity than that provided by more traditional curry restaurants in the area⁹⁹ – but one which is still culturally sanctioned in that no alcohol is served (ibid:2226-2228). A strong element of trust has entered the relationship between halal fast food outlets and their customers, which is leading to the replacement of 'more mainstream retail outlets' where less trust is experienced (ibid).

In Bourdieuan terms the above case is another example of how a distinctive habitus is permeated and changed by a combination of global, cultural and local forces. Cultural norms are respected while being slightly extended to include an unfamiliar food, which in turn is slightly adapted to pre-existing tastes and is priced in line with limited local incomes. This in turn is possible because of changes in global chicken production, feeding and processing technologies. The habitus is not consciously disturbed, but the lifeworld has been colonised in that the health consequences of regular fried chicken

⁹⁹ Though some of these outlets serve both curry and fried chicken as well as hamburgers.

consumption have not been considered by a primarily young clientele and may take some years to develop.

The government's policy announcement on obesity in October 2011 acknowledged that 'a number of local areas have also taken steps to use existing planning levers to limit the growth of fast food takeaways, for example by developing supplementary planning policies' (DoH October 2011:28). But a qualitative study in which the researcher visited dozens of independent fast food outlets in a particularly deprived area of East London, with high obesity rates, found that some areas were already saturated with such businesses, despite their distinct Asian cultural base (Bagwell 2011). Restrictions on further fast food businesses might be a useful step, she concludes, but would have limited impact in addressing obesity or other health consequences of fast food consumption (ibid)¹⁰⁰.

7.6 Food quality and the classing of supermarkets – and shoppers

What are the health implications of a diet reliant on 'budget' or 'value' meals, and is the quality of ingredients appreciably better in health terms in 'premium' meals? How can supermarkets be assessed on these measures?

A report on supermarkets, diets and health by the National Consumer Council (hereafter NCC) in 2006¹⁰¹ found that lower-status supermarkets produced some poorer quality items in terms of fat, sugar and salt content, as well as labelling and price promotions, most of which were for highly processed foods rather than fruit and vegetables. However, the salt research charity CASH found that 'despite a nine-fold difference in the price of sausages (per 100g), there was no notable difference in the

¹⁰⁰ She notes that fast food does not have to be unhealthy; promoting healthier fast foods could be one strategy, but deeper structural inequalities have to be addressed (Bagwell 2011:2232).

¹⁰¹ There had been a previous report and there was one in 2008. The NCC merged with other organisations to become Consumer Focus in 2007; the series of reports was not continued. I contacted the writer of the 2008 report to ask why this had happened. She replied: "*Unfortunately, in the merger of National Consumer Council, Energywatch and Postwatch in October 2008 to create Consumer Focus, food was soon dropped as a policy area. The two main reasons given for this was firstly that food policy was a crowded field, with many other organisations working on similar topics and secondly a need for Consumer Focus to prioritise fewer policy areas. I think this was a missed opportunity for Consumer Focus to continue the excellent work that was begun under the National Consumer Council. We had established some solid contacts both within corporates as well as with wider stakeholders and were able to push for, and achieve, changes through our research, reports and resulting media coverage.*" (personal email, reprinted with writer's permission, March and July 2012)

salt content of economy versus standard or premium supermarket ranges', with many sausages higher in salt than a packet of crisps (CASH June 2011).

Within lower-status supermarkets, economy versions are in some cases significantly less healthy than standard versions of processed products. By 2008, the next NCC report found that at Tesco, six out of 10 products did not meet FSA health targets, while 'a third of economy range products still fail to meet the targets, despite retailers saying they are giving special attention to these products' (NCC 2008)¹⁰². The inspectors commended Tesco for 'some prominent and eye-catching promotions in fruit and vegetable sections but these messages are overwhelmed by promotions for fatty, sugary and salty products throughout the store' (ibid). In a separate study, Hawkes notes the evidence for increased consumption of supermarket products purchased in promotions (Ailawadi and Neslin 1998 and Chandon and Wansink 2002, both cited in Hawkes 2008:279). Some 42% of grocery products were sold on promotion in the year to June 2011, an all-time high (Kantar data cited in *Marketing Magazine* 14/09/11b). Discounting aims to raise sales volumes year on year, though one marketer defended the strategy as good for customers: 'The economic conditions are tough, and price promotion is the way customers cope with that' (Co-operative strategist cited in *Marketing Magazine* 14/09/11b). This was one of few references to the economic crisis and its impact on consumers. Kantar data showed that 'Saturated fat is the most promoted nutrient: 40% of saturates in the shopping basket are bought on promotion' (Kantar 2011).

Promotions for fatty/sugary foods increased at Tesco from 26% in 2006 to 56% of total promotions in 2008; at Morrison's the figures went from 39% to 63%. Morrison's three economy range versions of a standard product had higher salt content than the standard one (NCC 2008). Sustain's Children's Food Campaign report in 2012 found that Asda, Morrisons and Iceland were the 'worst offenders' in displaying unhealthy snacks at tills, but all supermarkets were criticised on this point, as were non-food retailers now displaying snack foods at tills (Sustain 2012). I observed the steady encroachment in recent years of snackfoods in WH Smith, traditionally a stationery

¹⁰² Page numbers are not used in this report.

and bookshop, but now featuring several food displays and offers, as the following images illustrate.

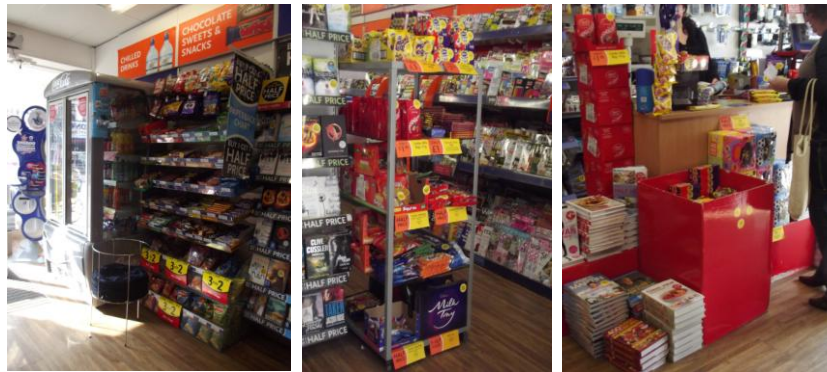


Figure 15: These snack displays all appear in the same WH Smith branch. Photographs commissioned for this thesis. Permission given by branch staff.

This is one way of illustrating Mikkelsen's and Winson's ideas (in Chapter 3) regarding the expanding foodscape, but also, more broadly, Habermas's description of how lifeworlds are colonised. One goes into this kind of shop for a newspaper or a greeting card or a book, but is then faced with the visual cues of these food product displays in which the food industry is so expert. Additionally customers are asked by staff if any of the food items on the counter are desired; these techniques reflect commercial 'nudging' as discussed in Chapter 1.

At higher status supermarkets, consumers are thought to be more health-aware, and inclined to purchase more costly, high quality foods. Yet some evidence contradicts this. A survey of 526 pie, mash and gravy processed foods by CASH, sampled from supermarkets, chain restaurants, cafes and takeaways showed that two Waitrose steak pies had the highest amount of salt per serving among supermarket pies. At 1g of salt per 100g, both were three times that found in an Asda chicken pie (CASH March 2011; and the Waitrose portions were almost twice as large). But supermarket pies are lower in salt than their restaurant counterparts – the highest salt content was a chicken pie with chips and gravy from JD Wetherspoon, with 7.5g of salt (ibid).

By 2008, Waitrose had doubled its promotions of fatty/sugary foods since 2006 and lowered its fruit and vegetables promotions from 26% to 13% of all promotions (NCC 2008). Marks & Spencer pizza and sausages had not met FSA criteria for salt content, though healthier options did; labelling was inconsistent and M&S had almost doubled its promotions of fatty/sugary foods in the previous two years. It also continued to

offer fatty/sugary snacks at child height at check-outs. But M&S did have the highest proportion of promotions of fruit and vegetables, at 25% of the total (NCC 2008).

In a *Marketing Magazine* article about Marks & Spencer, a source 'close to M&S' said the company was 'shifting away from its premium positioning, particularly where its foods are concerned...when 'Your M&S' was launched, the food ads were all about the premium and quality, but now they seem much more populist in their approach...Perhaps 'Only at M&S' [a recent campaign] and its renewed focus on premium will bring some of that quality feel back to the food offer' (*Marketing Magazine* 17/11/10). M&S has also announced a refit of its stores according to local demographics and preferences, based on insights from focus groups and online purchases, and an analysis of 'affluence and age' (*Marketing Magazine* 08/06/11b). M&S's marketing director, commenting on the value of segmenting, said, 'Segmenting based on [people's] lives, attitudes and actions at least gives a credible way to maximise relevancy of the message' (Sharp cited in 23/03/11). *Marketing Magazine* also notes that some 'less salubrious' retailers have also embraced segmentation (ibid). Morrisons is assessed by an anonymous marketing director as 'a little downmarket', and as it considers stocking clothing merchandise, it is urged 'not to try to push too far upmarket' (*Marketing Magazine* 16/02/11).

Marketers are observing here that grocery stores are themselves 'classed'; nor is this a recent phenomenon. This grocer in the following image describes itself as 'high class'.¹⁰³ The image shows that the association between class, status and food retail operations is not new:



Figure 16: "High Class Grocers & Provision Merchants": The woman pictured and the house and neighbourhood she occupies represent the desired (prosperous) clientele – or at least, people who see themselves as such. Image © Wellcome Images.

¹⁰³ From the Wellcome archive; no date given.

What is different today is that high status grocery stores such as Waitrose or Marks & Spencer do not describe themselves in the language of class; it is instead implied. But for marketers, Waitrose has 'an upmarket image and attracts middle-class customers' with good design, high standards of customer service and 'intelligent signage' (*Marketing Magazine* 29/06/11).

The class boundaries still observed regarding grocery stores were revealed in an exchange of comments by *Guardian* readers, introduced in the 'Personal Effects' (02/06/11) column with this letter:

I am thinking of trying the discount chains Aldi and Lidl for the first time as I am fed up with paying a fortune to feed our family of four. Do readers recommend them? Is one better than the other? Which products are best? Any to avoid? (*Guardian* 02/06/11).

In response, one reader listed various products which were acceptable to her at Lidl, but added, 'in spite of discovering the joy of Lidl, I still usually shop at Waitrose'.

Another advised: 'what we now tend to do is buy our staples at Aldi and "treats" like quality breads, cheeses and wines from a so-called higher-end supermarket'. Another shopped regularly at Lidl: 'it is noticeable in the last two years or so that there are more middle-class shoppers. Suddenly, it has become acceptable to shop at Lidl'. A reader who had 'tentatively entered a Lidl store about five years ago' concurred. Class barriers as signified by vehicle status were observed by a website respondent to the letter: 'I knew my local Lidl had definitely arrived when after shopping there for about a year, I noticed all the BMWs, Mercedes and Porsche cars that were starting to fill up the car park' (*Guardian* 24/06/11).

The debate continued online, with one reader approving of Lidl but drawing the line at Asda:

Lidl opened in quite a posh road and met with strong opposition from local residents. It makes me cackle to think of residents trying to give directions to where they live without mentioning Lidl; 'Oh, you mean up by Lidl?' 'Yes, up by Lidl', through gritted teeth. If it was a Waitrose they'd be fine.

I've bobbed in a couple of times out of curiosity...The layout's weird, e.g. there were crates of ring binder folders and plug extensions plonked amongst the fruit and veg. But it was quite a calm place to shop...The snobbery surrounding these kinds of places isn't justified. All sorts of people were in Lidl when I was in there...

I popped into Asda recently for the first time in years. No natural light...And God, the people were rough in there. The man in front in the queue had unkempt greasy hair and

was wearing tracksuit bottoms and a vest (a vest!!...). I'd go to Lidl before Asda, a much more pleasant experience (Guardian 24/06/11).

Challenging the association and image of working class people and poor quality foods, a group of organic companies placed the advertisement below in a Tesco magazine (Tesco, Spring 2011, back cover). The man is quoted as saying, 'I know it might not look like it, but I do try and buy the right food'. He 'and the missus' buy organic food, even though it sometimes costs more, because 'I'm not going to scrimp when it comes to my kids' (ibid). It is a slightly laboured message both describing and aimed at people not normally associated with eating organic food.



Figure 17: The advertisement's message is that contrary to type, a working class man buys organic food. (Image from Tesco magazine *Real Food*, Spring 2011, back cover).

For example, the Acorn geodemographic profile for a group categorised as 'low income, routine jobs, terraces and flats' are said to shop mainly at Asda, Somerfield or Co-op (CACI 2009:type 46). This reflects the usually unspoken classing of supermarkets and their shoppers; certainly the middle class *Guardian*-reading, Waitrose-accustomed shopper in the excerpt above felt that Asda and its shoppers were of a different (lower) social dimension entirely.

Supermarket managements naturally do not discuss their social or class differences in such terms, but shoppers know which store they feel most comfortable in. As the shoppers' comments above indicate, it is not just a matter of choosing the store which supplies the foods suitable for us; it is also important that other people like us will be there – people of a similar social status, who dress and behave more or less as we do. Some middle class people are prepared to endure discount store environments for certain items at lower prices, but only up to a point. In the *Guardian* letters, foods recommended for purchase at discount stores are those which are purchased more

frequently by higher status groups, such as fruit, vegetables, olive oil and smoked salmon; readers are advised to shun the discounters' meat for both quality and animal welfare reasons.

But overall, a switch from Waitrose to Lidl is made more reassuring by the observation that other 'people like us' have also made this switch – so it must be all right. In this case, the habitus has been expanded to take on unfamiliar, slightly uncomfortable surroundings, but the lifeworld is not disrupted – the foods purchased are not of a different order or quality, they are merely presented in more basic surroundings and at lower prices. But a healthy and varied diet is still being consumed by such consumers. Their purchases did not vary widely even when they crossed a class divide to shop at a discount store; healthy foods can be purchased there, too, and they could return to higher status retailers when delicate matters such as meat quality were at stake. While higher status people may make some purchases at lower status supermarkets, they are unlikely to switch to what they would consider a lower status diet, with inferior foods which 'people like them' simply would not eat.

Yet a commitment to healthy eating is not always demonstrated by this group. Some consumers who might prefer organic chicken will not usually find organic meats in ready meals, which they nevertheless buy (even at Waitrose). As one food industry analyst noted, 'Consumers want healthy but buy convenience' (Fuller 2005, citing industry newsletter). Another notes growing consumer interest in healthy eating – 'upscale and sophisticated buyers prefer fresh vegetables', for example; but where fast food is concerned, they may 'say one thing and do another' (Michman and Mazze 1998:34). These authors identify 'a small health-conscious segment' but 'the overriding majority of consumers indulge themselves' (ibid:184). Similarly, in food industry tasting panels, participants might say they avoid fat, but in blind tastings, they tend to prefer foods with a higher fat content (Kessler 2009:101). In a marketing survey, only 20% of those buying pizza look for low-calorie options and fewer still check fat content, yet 43% said they would buy a pizza with a wholegrain crust and 39% would like lower salt content (*Marketing Magazine* 14/09/11c). There seems to be potential for healthier options, but there is an apparent contradiction between an articulated preference for such foods which purchasing behaviour does not always bear out.

Advising readers on ‘future innovations in food and drinks to 2012’, the firm Business Insights notes that ‘the main current drivers among affluent consumers are said to be health, indulgence and convenience’.¹⁰⁴ The market research firm Datamonitor spots the inconsistency here: ‘the desire for health and indulgence represents a trend clash...consumers looking to satisfy seemingly contradictory desires represent an important market opening’ (Datamonitor cited in Kessler 2009:130). They may be describing the significant proportion of people of higher social status who are obese or overweight.

In any case, food retailers know their customers well through both scanning and loyalty cards. The latter have ‘vastly increased the capability of supermarket operators to target promotions more closely at consumers’ (Euromonitor 2004e cited in Hawkes 2008:679): each supermarket transaction can be analysed ‘to determine which products are likely to attract their attention, which promotions could find appeal, and then the consumer receives promotional information particularly targeted at him/herself or their family’ (Euromonitor 2004e cited in Hawkes 2008:679).

In UK supermarkets, such sales promotions may increase sales by 200-300% (Cooper 2003 and Competition Commission 2000, both cited in Hawkes 2008:679). This may be one way in which supermarkets are contributing to weight gain – promotions aim to increase consumption, so with this technique supermarkets ‘counter the health promotion message to eat in moderation’ (Hawkes 2008:684).

Winson, a Canadian sociologist, quantified the dietary quality of the foodscape (Winson 2004). With a team of researchers, he measured the amount of shelf space in Canadian grocery store chains stocked with what he terms ‘pseudo foods’ – products high in sugar and fat but low in nutrients. Results ranged between 26% and 37% of total shelf space stocking edible products; 70% of shelf space was occupied by ‘pseudo foods’ in convenience stores, which are more commonly found in poorer neighbourhoods (ibid:306-307). The UK foodscape is one in which petrol stations, book/stationery shops, public transport networks, universities, fitness/leisure centres, offices and even hospitals – and routes to and from these spaces – are sites of a

¹⁰⁴ This quotation is from a description of the data for each category in Frozen, Chilled & Ready Made Foods Industry Guide (updated 05/01/11), sourced in the British Library’s Business and IP Centre.

plentiful array of processed foods. This is a further illustration of the visual cues provided by such installations, and in unlikely places. Again, Habermas's notion of the lifeworld being colonised is evidenced by this phenomenon, as with the previous images of the snack displays in WH Smith. People's capacity to react to visual cues, as marketers themselves described in the commercial version of 'nudging' in Chapter 1, is being used to expand food merchandising opportunities, increasing sales and consumption of snack/convenience foods.



Figure 18: These fast food installations arrived in Waterloo and Clapham Junction stations in recent months; the vending machine, another recent arrival, is on an outer London commuter station platform. Photographs commissioned for this thesis.

Apart from simply placing products before consumers wherever possible, there are marketing techniques to address consumer 'extremeness aversion' (tendency to avoid large or small sizes and consequent increase in mid-range sizes/volumes) and 'bundling', which offers processed foods in combination with each other (i.e. meal deals, which also increase consumption) (Sharpe et al. 2008:420).

In addressing problematic societal eating patterns, less attention has been focused on structural factors such as an omnipresent, targeted foodscape than on individual behaviours, as even marketing academics have observed (Hoek and Gendall 2006:415). Indeed, marketers themselves are conducting a robust debate on marketing ethics, which are discussed below.

7.7 The ethics of marketing: a debate among marketers

'Marketers are now more overtly conscious of the need to create meaning and identity, or literally to colonize the lifeworld' (Habermas 1970 cited in Goss 1995:160).

The industry literature on food science reviewed in Chapter 5 revealed concern regarding the health consequences of a diet overly reliant on processed foods. Food

product development literature emphasised the importance of tracking consumer ideas of healthy eating with a range of products – some of which, like energy drinks, are not necessarily healthy. Both these issues raise questions about the influence of the food industry on dietary health. Given the conclusions made by psychologists and economists, now accepted by government, via ‘nudge’ theory, that some behaviours, including eating, are automatic; by epidemiologists and sociologists that there is a link between poor diet, social class and poor health; and by the food industry, which builds on the automatic, unconscious nature of food ‘choice’ and consumption, there are ethical questions to be addressed about the nature of the food supply, strategies used to target-market it, and the language sometimes misleadingly used to describe it.

Even by the 1920s, some of the ‘dangers’ of consumerism had begun to be voiced in moral terms (Egan 2008:6). This debate continues today among marketers (Mick 2007, Hackley 2001, Skalen et al. 2008), with marketing ethics discussed regularly in the *Journal of Business Ethics*. Some marketing educators acknowledge the pitfalls of marketing, warning students that ‘society becomes concerned about marketers’ activities when those activities have questionable or negative consequences. For example, in recent times, well publicised incidents of unethical behaviour by marketers and others have perturbed and even angered consumers’ (Dibb and Simkin 2009:83). Fuller’s food industry text repeatedly acknowledges the ethical issues surrounding market research and marketing:

Retailers can wield considerable power by...manipulating, or being a major influence through selling techniques, on what customers can/will purchase. Can this power of the retailer be abused or will it be abused? Some consumer groups believe both questions can be answered, “Yes”. Whether this abuse is intentional or done under the guise of serving the customer better is a moot point (Fuller 2001:261).

There is a consistent strand of marketing research and marketing industry comment on the ethics of marketing. The author of *Buyology: truth and lies about what we buy* (2009) and *Brandwashed: tricks companies use to manipulate our minds and persuade us to buy* (2011) is a marketer who reveals what he believes are unethical marketing ploys to consumers, in the hope that his revelations will then pressure companies to change (Houpt 2011). In Chapter 6, we saw evidence of ethical concerns among marketers over internet surveillance for marketing purposes. One marketer has

termed this 'stalketing, the creepy and tactless use of retargeting and other data techniques' though this critique is also made as a warning of a consumer backlash – so it is a self-defeating practice (*Marketing Magazine* 07/12/11). A commentator for *Marketing Magazine* describes the 'self-serving norms, nod-and-a-wink deceptions and illusions that conspire to put [the product's] own interests ahead of those of paying customers. These are usually so accepted and universal that even consumers can fail to notice them; but you [i.e. marketers] must' (*Marketing Magazine* 27/10/10). One example is when 'supermarkets put the milk and eggs at the back of the store, to force customers to walk past tempting goodies and encourage them to buy things they never came in for' (ibid).

A subsequent marketing commentary pointed to studies showing that lower status people are more likely to 'over-consume' and become obese; people consume more when they purchase larger pack sizes 'even though they are unaware of doing so' (*Marketing Magazine* 02/05/12). Therefore 'marketers have a moral incentive to reduce pack size'. There may also be a commercial advantage: US researchers showed that 'even people with perceived low status opt for smaller sizes when primed to believe that this is the choice influential people would make' (ibid). This pulls together concepts of social class, status comparisons, marketing strategies and nutritional intake. Supersizing, then, 'could come to feel as low-status as a brick phone' and constitute a marketing achievement (in health terms) (ibid).

Ethical issues surrounding processed, and especially 'fast' food, are addressed by marketers in a special issue of an academic marketing journal which examines food marketing in a public policy context. The editor notes that 'much of the existing empirical research in this area has focused on advertising, with little attention given to questions regarding food composition and availability' (Moore 2007:3).

Where diet and health are concerned, activities described under the rubric of corporate social responsibility (CSR) are one effort to address criticisms of food industry ethics. Alongside efforts to convince us to consume more and to make it easy to do so by blanket siting of ready foods, from snacks to meals, some food companies have also adopted a pro-exercise discourse. These strategies arguably fall under the

marketing rubric, bolstering 'brand value', reinforcing healthy eating/personal responsibility discourse in a very general way, shifting blame for health and bodyweight outcomes onto individuals and their food choices, and diverting attention from the industry's own role in influencing food consumption patterns (Herrick 2009:57). For Sklair and Miller (2010:492), 'CSR...prioritizes private profits, market share, stock market valuation and regulatory capture'. These strategies may also compete with government health promotion efforts, as they promote food industry products with dubious health claims, undermining 'the legitimacy and authority of public health' (Herrick 2009:54-55,60). This recalls Fairclough's warning of 'the colonisation of institutions in the public domain by types of discourse which emanate from the private domain' (Fairclough 2010:135).

As government programmes such as Change4Life are seeing increased participation and branding by the food industry, health professionals might continue to find their efforts sidelined by a food industry turned health promoter. As Lang observes, 'commercial interests dominate food messaging space', drowning out health promotion messages, which are funded to a lesser degree than commercial food marketing (Lang 2009b:327).

7.8 Marketing to Children

'All consumers base their interpretation on what is familiar, on knowledge already stored in memory' (Dibb and Simkin 2009:118).

'Like it or not, children are susceptible to marketing' (Marketing Magazine 24/08/11b).

'Appeal To Kids & Sell To Parents...Around 625 new kids come into this market every day - are you ready to capitalise on them?' (Conference leaflet, 2012, pictured below:¹⁰⁵)



Figure 19: Leaflet promoting conference on marketing to children and parents (Conference leaflet in Marketing Magazine, June 2012). Image reprinted with the permission of Marketing Magazine.

¹⁰⁵ <https://www.eventsforce.net/haymarket/frontend/reg/thome.csp?pageID=567463&eventID=1504&eventID=1504> Accessed 07/06/12

It is illuminating to examine in a social science context the language and ideas employed by marketers. While expressing awareness of the need to abide by 'stringent guidelines' the conference organisers also make clear the importance of understanding children's behaviour and communicating with them 'in their own space' such as social media in order to market products successfully to them. Marketers must appeal to child audiences, but it is parents who do the purchasing, so parents must also be targeted. The leaflet depicts the industry's commitment and practices where children are concerned, as well as efforts to educate practitioners in their use.

Where food products for children are concerned, an editorial *Marketing Magazine* comments that, 'for the increasingly regulated UK market, it is no longer enough simply to reduce the level of fat, salt and sugar in their products...for the likes of, say, PepsiCo, a more radical response is required' (23/02/11c). It cites the example of Innocent kids' smoothies, which have increased sales by 30%. But 'there's a long way to go before NPD¹⁰⁶ of healthy kids' products is considered the norm. The number of fruit and vegetables products launched in the past year? One' (23/02/11b). The top brand in the Kids Brand Index for 2011 is Walkers Crisps (*Marketing Magazine* 24/08/11b)¹⁰⁷.

When marketers at Coke became concerned that 'mothers do not consider its products when planning family meals' and developed a campaign slogan 'Meals taste better with Coca-Cola' (*Marketing Magazine* 11/05/11), one marketer wrote in to query the ethics of this approach: 'there are just too many things wrong to list out about targeting mothers [with Coke] when planning family meals...offsetting against social responsibility campaigns just doesn't make it taste any better' (*Marketing Magazine* 18/05/11b).

Marketing academics have also raised ethical concerns. For example, the focus on TV advertising to children has obscured the rise of other marketing techniques for children such as food website 'advergames', in which brand messages are embedded.

¹⁰⁶ New product development

¹⁰⁷ With parental approval, 4,000 children were interviewed online, ranking 166 household brands: 'Children enjoy participating in surveys online, they spend a great deal of time online and feel at home in front of a PC' (*Marketing Magazine* 24/08/11b).

The illustration below gives an example of how these techniques aim to engage children's attention while marketing products to them; this image is from a campaign by the British Heart Foundation to educate consumers in these practices.

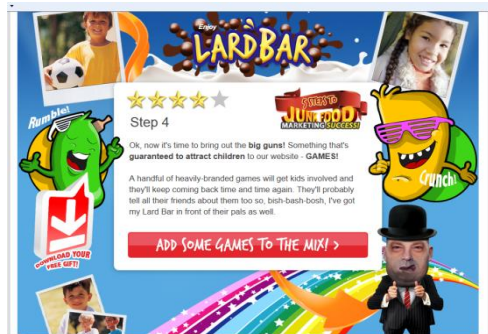


Figure 20: The British Heart Foundation's Food4Thought campaign outlining how marketers aim to engage children online. Image is a screengrab from the BHF website; see Reference List entry for BHF 2011 for details.

Given that 90% of the foods promoted on these websites were assessed as unhealthy because of high levels of fat, sugar and or salt, and that children were encouraged to email their friends about the brand-promoting game, the authors conclude that some protections should be considered (Moore and Rideout 2007).

Another study finds that marketing fast foods to parents in deprived communities and ethnicities can be a pathway to childhood obesity and note evidence that it influences their food preferences (Grier et al. 2007:223). They cite nutritional research showing that parents who ate fruit and vegetables also fed them to their children (Nicklas et al. 2001 cited in Grier et al. 2007:223). The same thing occurs if parents eat large quantities of fast food and both may constitute lifelong dietary patterns:

Parents' brand preferences create comfort in children and set the stage for compliance with their children's request for a brand (McNeal 1999). The formation of children's attitudes and beliefs about fast food in the context of family life may imbue the attitudes and beliefs with sustaining characteristics over time (Moore, Wilkie, and Lutz 2002). Accordingly, the fast-food industry focuses on children because childhood memories of fast-food products may translate into adult visits (McNeal 1999, Schlosser 2001; all citations in Grier et al. 2007:224).

But fast food marketing aims not simply to sell more fast food – it also tries to shape perceptions so that eating fast food is normalised among target consumers:

fast-food marketers aim for their activities to create positive attitudes and to influence social norms such that they increase the consumption of their products...Fast-food marketing contributes to consumers' beliefs through the persuasiveness with which strategies communicate specific benefits and reinforce existing behavioral patterns...more positive fast-food attitudes and the degree to which parents perceive fast-food consumption as socially normative are associated with children's greater fast-food consumption (Grier et al. 2007:224).

So even if marketing does not *create* an interest in fast food, these authors are concerned that it can *reproduce* it (Grier et al. 2007:230). Thus consumption of a given food becomes embedded in a target consumer's way of life and dietary routines – and those of their children.

This requires repetition. An article about marketing food to children emphasises the importance of repeating exposures and behaviours: 'it can take between 8-13 positive exposures for kids to be strongly familiar with a food or beverage' (Urbick 2009:257). This can also be described in terms of the *habitus* – that is how long it takes for the *habitus* to be expanded to assimilate a new product and for it to be considered a normal dietary practice. Once this familiarity has been achieved, food companies can build on it by modifying products: this technique 'seems to be highly successful in developing new food trends with kids' (ibid). Furthermore, marketing should target girls separately from boys: 'when you must target both, always skew the positioning to boys. Girls are more accepting of "boy" products, yet boys are more likely to reject something that is "too girly"' (ibid:258).¹⁰⁸ We know that male and female food consumption differs in adulthood, particularly in terms of receptivity to healthy foods. Urbick reveals one early manifestation of this in childhood eating preferences.

New food products for children have been limited by regulation in recent years. An Ofcom ban on television advertising of HFSS foods to children under 16 came into effect in 2008. The text of the ruling refers to the psychological content of advertising and engages with ethical matters, describing the need 'to reduce children's emotional engagement with HFSS advertisements, and reduce the risk that children and parents may misinterpret product claims, and to reduce the potential for pester power' (Ofcom 2007:3)¹⁰⁹. Consequently, 'manufacturers have boosted their marketing presence across other media, such as outdoor and online' (*Marketing Magazine* 19/10/11).

While 305 dairy, confectionery and ready meal products for children were introduced in 2008, there were just 220 in 2010, a fall of 32%, raising concerns for marketers 'over

¹⁰⁸ An example of this (Chapter 6) was the marketing of Yorkie bars to men, which increased sales among both men and women.

¹⁰⁹ The Advertising Association is thought to be carrying out research on children and advertising which it hopes 'will help the industry combat claims that it is unduly influencing children' (*Marketing Magazine* 30/11/11).

whether the UK's regulatory environment is stunting innovation' (*Marketing Magazine* 23/02/11). However, some brands are still increasing sales by introducing adaptations of existing products – individualised serving sizes or film character licensing, reliable ways of generating 'a positive return' (ibid). Kellogg's was unable to promote Coco Pops to children, so introduced Coco Pops Choc'n'Roll, with reduced quantities of sugar, salt and saturated fat; 'it passed the [FSA's] nutrient-profiling model test with flying colours' (ibid). It also developed Krave, 'a blatantly indulgent chocolate cereal' (*Marketing Magazine* 19/10/11) aimed at young adults who had eaten chocolate cereals as children but who 'are not ready to settle down with Special K' (*Marketing Magazine* 'Revolution' supplement 09/10b) – and to whom advertising is not, of course, restricted. Krave features 'crispy shells filled with choc'; alongside TV ads for the product, a Facebook campaign invited consumers to bid for various prizes (ibid). This campaign was later criticised by the British Heart Foundation (2011) in a report which critiqued internet marketing of 'junk foods' to children in general.

When the children's drink Fruit Shoot was battling an unhealthy image, its producer, Britvic Soft Drinks, 'decided to appeal to children and mums by championing 'skills development' (*Marketing Magazine* 08/06/11c). The website for the drink is that of 'a content creator', not an advertiser, with interactive games and a link to a parents' website, none of which discusses the health status of the drink. A back-up TV ad also directed children to the site. Sales increased.

7.9 Marketing analysis of the power of advertising: academic and applied approaches

Marketing Magazine (15/06/11b) is unequivocal about the value of advertising: 'The direct link between advertising and sales is proven, not least courtesy of the IPA's¹¹⁰ databank case study service'. Marketing academics challenge the argument that advertising does not affect 'primary' demand for food products, and that there is, therefore, no need for further regulation (Hoek and Gendall 2006:409-410). They cite a systematic review of research which provides evidence for advertising affecting primary demand; it found 'only weak evidence of brand switching and much stronger evidence of category switching' (Hastings et al. 2003 cited in Hoek and Gendall

¹¹⁰ Institute of Practitioners in Advertising

2006:412). One reason for this might be the rise of ‘category management’ in which products are grouped together according to consumer perceptions (King and Phumpiu 1996 cited in Hawkes 2008:670). These categories are then managed to “‘maximize the effectiveness of the demand creation process” through optimum product variety, new product introductions, product promotions and efficient assortment’ (Bhulai 2007 cited in Hawkes 2008:670).

It is also argued that, given the acceptance of advertising’s influence on smoking rates, which justified its banning, removing advertising for fatty/sugary foods would have a similar effect (Hoek and Gendall 2006:413). Consumption of such foods is normalised for target consumers by the reinforcement of advertising (ibid). Marketing strategies include bundling, in which low-nutrient foods are grouped together in ‘meal deals’ as in the following image:

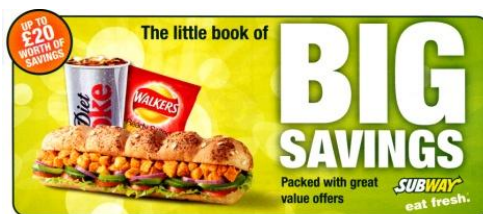


Figure 21: This Subway coupon book includes a range of offers, such as ‘Two Dine for £6.99’ (two subs, drinks and cookies or crisps). Image is a scan of a home-delivered leaflet.

‘Up-sizing’ also presents consumers with the notion of quantity and good value, normalising the consumption of HFSS foods; the sandwich above is large, as is the drink size. Sandwich/crisps/drink combinations are now widely available as a normal lunch combination, as discussed in the previous chapter. Walkers’ Crisps have succeeded in their campaign to increase the crisp/sandwich combination: ‘the brand sought to keep the snack front of mind at lunchtime, and to encourage retailers to place crisps next to their sandwich ranges’ (*Marketing Magazine* 08/06/11). They also directed Twitter users to a YouTube video, seen by 1.7m viewers, which resulted in retailers ‘activating 10,000 new meal deals’ and a 26% sales increase (ibid).

Given the skill and resources that go into targeting relevant consumer segments, it is unsurprising that ‘food advertising reflects, and may reinforce, socio-economic and gender variations in food choice and adiposity’ (Adams and White 2009:1); or that

more is spent advertising highly processed, packaged, sweet, high-fat food products than on other foods (Winson 2004:301).

Ehrenberg's 'weak' theory of advertising (1974, cited in Hoek and Gendall 2006) viewed it as a form of 'operant conditioning' rather than a 'persuasive force' capable of prompting new consumer behaviours. Advertising thus merely 'maintains' behaviour, according to Ehrenberg. But this does not mean it is irrelevant for health: 'by supporting the continuation of unhealthy behaviour patterns, advertising reduces the likelihood that individuals will either recognise the behaviours as unhealthy or seek to change these' (Hoek and Gendall 2006:414). This is because advertising normalises the eating of whatever food is being presented; it is portrayed being eaten by people the target audience feel comfortable emulating. This effect is intensified by increasingly personalised advertising online.

There may be a flaw in Ehrenberg's argument: trials of a new product are often proposed by food companies, which may bring about the kind of category switching earlier described by Hastings et al. (2003, cited in Hoek and Gendall 2006). Other strategies such as discounts and loyalty programmes then foster increased consumption (Hoek and Gendall 2006:414).

Given the capacity of marketing and advertising to alter norms regarding food consumption, Grier et al. note the attempts by social marketing to altering these norms back to a more critical attitude towards fast food (Grier et al. 2007:230). One social marketer writes that

the marketing of fast food...can and should be reined in. And this means much more than curtailing advertising. The entire marketing effort has to be scrutinised: product design, distribution, pricing strategies and packaging – as well as communications – have to be put under the public health microscope (Hastings 2006:5).

A commercial marketer commenting on obesity concludes that 'marketing plays a key role in moulding the future shape of people and the health service alike', and that unhealthy brands should subsidise healthy foods (*Marketing Magazine* 07/09/11).

Public health campaigns themselves have not been successful in altering eating behaviour; commercial marketing and the omnipresent retailing of palatable foods may be powerful enough simply to counteract it (Grier et al. 2007:232). This further

undermines arguments by food companies that advertising does not cause people to change their behaviour (Hoek and Gendall 2006:415). But it also raises questions about why the food industry supports healthy eating and exercise campaigns; if advertising doesn't work, why bother (*ibid*)? It may bolster the industry's efforts at managing its image; promoting physical fitness is uncontroversial, and where obesity is concerned, it helpfully (for the industry) shifts the focus onto individual initiative.

There is a key distinction here: consumer marketing is aimed at needs as experienced by *consumers* (whether conscious or latent), whereas social marketing takes aim at needs as identified by *experts* (Donovan and Henly 2003 cited in French et al. 2010:100). This may be why one approach works, while the other is less effective. Social marketing might only work among those who have already identified a need for themselves to change their eating pattern or begin exercising. Meanwhile, obesity is a 'normal response to an abnormal environment' in which palatable food is omnipresent (Eggers and Swinburn 1997 cited in Hoek and Gendall 2006:416). The conclusion of these marketing academics is that changes to the food environment via regulation and public policy, altering food manufacturing, must 'logically precede' health promotion campaigns (Hoek and Gendall 2006:417,420).

Moore concludes that 'Marketing's role as both a contributor to the problem and a force in its alleviation is complex, and many significant questions are yet to be addressed' (Moore 2007:4). A stronger challenge comes from Mick (2007), who argues that it is time to 'elevate the focus and scope of marketing to a higher ground for which the public, marketing professionals, and marketing students are yearning' (Mick 2007:289). Like Hackley, he takes aim at the ambiguous language of marketing (*ibid*:290). In the context of the present investigation, terms like 'value meals' may divert attention poor quality nutrition in some such products.

Mick interprets an AMA¹¹¹ definition of marketing which speaks of the need to manage relationships with consumers as manipulative and controlling; these are frequent criticisms of marketing and the association's ethical code (Mick 2007:290). Where it does encourage members to market 'for a better world', this is only in the context of

¹¹¹ American Marketing Association

non-profit organisations (ibid). Wellbeing, he argues, should motivate all marketers in all organisations, including profit-making businesses (ibid:291). He hopes that corporate social responsibility activities will be sincere, yet even ‘among the most ardent defenders of market capitalism, the new commitment to corporate social responsibility has been called “harmful” and a “sham”’ (*The Economist* 2001 cited in Mick 2007:291). He recommends an ethical ‘macromarketing’ perspective, in which the long term effects of marketing beyond the firm or organisation and its customers are routinely considered (ibid).

7.10 Conclusion

This chapter revealed evidence for class-based food consumption and illustrated some of the contradictions of marketing highlighted in an ethical debate among marketing academics and practitioners. Together with the preceding two documentary fieldwork chapters, it aimed to substantiate the earlier theoretical, exploratory context-setting work of the thesis.

To summarise the narrative of the thesis thus far and situate the documentary fieldwork chapters within it: the introductory chapter outlined the dominant power of healthy eating/personal responsibility discourse driving both public understanding and public policy, and highlighted its weakness in addressing problematic consumption-health trends. The second chapter established the analytical framework, identifying discourse as an object of analysis, and outlining the guidance provided by critical realism and critical discourse analysis in tracing mechanisms which are often unobservable (or at least unobserved) in the formation of diets and their health consequences.

The third chapter challenged a powerful yet misleading healthy eating discourse via an exploration of social theories, which analysed the salient role of social class in consumption for which marketing literature later provided much evidence. In providing a social context for behaviour – and behavioural economics – and explaining how communication about public issues can mask deeper truths, these theories illustrated how the activities of the food industry could play a major role in shaping our class-differentiated diet, and the health that flows from it, even if we are not normally

aware of this. The very notion of reflexivity, a cornerstone of sociology in recent decades, was called into question.

Chapter 4 reviewed epidemiological evidence for the link between food consumption, health and class. Chapter 5 revealed how the food industry interacts with consumer interest in health and the emerging health concerns of food industry scientists regarding industrialised food, particularly for lower status groups, who consume more of it. It also traced the origins of this phenomenon in the changing nature of the food supply, relating agricultural developments to food product changes, food marketing techniques, changing dietary patterns, and public health. Chapter 6 investigated the growing technological power and psychological insights of market research in tracking and ranking populations, learning where we live, how we move about our cities and towns and what we eat, alongside a theoretical critique of marketing by academic marketers.

In this chapter I discussed marketing's 'proxies' for the language of class and linked these proxies to the quality of food and even the supermarket experience for shoppers and how this interacts with their ideas of their own social rank. The ranking of consumers, products and food retail outlets is an essential part of positioning products successfully in the marketplace.

But what is really important in public policy terms is the effect of diet on health. This thesis has discussed the strong links between poor diet and poor health and has traced growing bodyweights alongside an omnipresent supply and normalised consumption of snack and convenience foods. The epidemiological evidence for social class as a factor in diet quality and health was reflected in this chapter's discussion of the marketing of foods by consumer segment in stores and outlets that themselves are socially ranked.

Limits to the marketing of HFSS foods to children have been set, but this chapter traced the activities of some companies in seeking to find other ways to sell their products: marketing to parents; developing creative content to engage children online; and targeting slightly older groups of young people with products traditionally aimed at children (such as chocolate cereal), for example.

In the concluding chapter which follows, I bring together the insights of the varied perspectives and disciplines explored throughout this research regarding the problems of food consumption and diet-related ill health in order to distil the lessons of this investigation and suggest how it might be carried forward.

Chapter 8: Conclusion

‘Critical sociologists looking at issues of health and healing, locally, regionally and nationally as well as globally, need to “do it big”’ (Scambler 2002:157).

In this thesis, in order to reveal gaps in the way we as a society understand and address food consumption problems, I found it necessary to ‘do it big’. The surface-level explanation of obesity and diet-related illness as resulting from poor dietary choices ignores a complex relational context structuring both the production and consumption of food. The longstanding ineffectiveness of individual choice discourse in explaining consumption trends has been made more obvious by the rise of ‘nudge’ theory and the acceptance by behavioural economics – and the UK’s coalition government – that some behaviours, at least, are not fully conscious, shaped instead by deep and enduring social and cultural forces. These forces are in turn permeated by food production practices, and are not easily amenable to conscious change.

8.1 *Uniting theory and practice*

The discourse of personal responsibility for diet and health, broadly corresponding to Marx’s theorisation of the power of a ruling idea, is pervasive, and on an individual level, commonsensical – this is how it is mobilised in a neoliberal era, as discussed in Chapter 1. The freedom of the market has been coupled with the freedom of consumer choice, and an accompanying responsibility of individuals for their own lifestyles (Harvey 2005:42), as well as ‘bodily practices’ and ‘self-control’ (Guthman 2011:53). In order to challenge this individual responsibility discourse effectively I turned to the range and depth of social theories to explain food consumption patterns in the context of an increasingly industrialised, segmented food supply. This analysis revealed continuities between sociological theorisations of choice, social change and the structuring role of class on the one hand, and epidemiology, psychology and marketing understandings of these matters on the other. In the discussion of how social class is assessed and described by official national statistics, we saw the roots of marketing classifications, which were explored in later chapters, and which acknowledge their use.

For a time, even sociology was distracted by notions of consumption allowing individuals to construct their identities and free themselves of structured notions of

class. Yet Bourdieu and others¹¹² never wavered in their attention to class, seeing within consumption another arena for embedding and enacting class identities and practices. By tracing the persistent role for social class in shaping identities and consumption patterns, and generating habits or ‘acquired dispositions’, as Bourdieu described them, a clear picture emerged of how this process could be manifested in the domain of diet; how these habits could become a matter of routine, and less than fully conscious, as psychology would similarly explore. Marx and Bourdieu both described the role of childhood learning and experience in shaping later life, observations which psychologists, food scientists and food product developers would also make regarding diet. Food regimes theorists and food systems analysts focused on the agricultural dimension of the food chain, the financial interests driving it, and its role in altering the food supply and consumption patterns.

Most broadly, the theoretical analysis in Chapter 3 laid the groundwork for understanding the emergence of consumerism and marketing, their particular role in shaping food consumption, and the resulting challenge for governance and democracy itself in balancing the sometimes conflicting needs of commerce and public health. The relationship between social theory and the empirical world is not always clear, but the case of diet presented a unique opportunity to draw some illuminating linkages between the two. My objective was always to enhance understanding of the structural influence on human action in this domain, given the limitations to conscious choice observed by social theorists, psychologists and food industry practitioners, and hence the often unobservable impact and experience of being marketed *to*. This theoretical testing also enabled a move beyond social science’s more characteristic focus on food consumption to consider the activities of food *production* and how industry interacts with and reinforces a food-classed society (though Hawkes and colleagues have done ground-breaking work on global food systems and their implications for health). In the context of their goals and requirements in a neoliberal era, the logic of industry’s approach is unassailable. But this highlighted the importance of closely monitoring their activities, given the centrality of the food supply for human wellbeing.

¹¹² Including many British medical sociologists, who continued to study health inequalities.

Methodologically, my research also aimed to move beyond the traditional qualitative-quantitative binary which characterises social research, though both play a role in this work. This experience of studying ‘up’ (as social research into powerful actors is sometimes described) could not rely on personal, qualitative access to the world of food producers via interviews (beyond the two that I did), and use of quantitative information had to be limited to studying health and consumption outcomes. Instead, researching the role of industry in structuring diet and influencing health required a critical approach, locating industry texts and challenging discourse which focuses on consumption and conceals much regarding food production. It required an investigation of a range of perspectives and disciplines, but it needed to begin with social theory – the story of how different theories simultaneously missed and traced what was happening with class and consumption, and the consistent strand of research which focused on structure, the formation of habit and behaviour, and class.

Habermas revealed the disembedding capacity of science, technology and capital to distort discourse and meanings when unattended to by public monitoring and policy. The case in Chapter 5 of the food industry researchers who noted consumer confusion over the health benefits or risks of caffeinated ‘sports’ drinks, and pointed out the advantage to industry of working *with* that confusion through the careful use of descriptive language, was one example of this.

Habermas’s concept of the way in which systems can be manipulated to alter and even distort the experience of our own lifeworlds is resonant here, particularly given our lack of awareness of these shifts taking place. Indeed, the habitus can remain outwardly unchanged, even as dietary patterns assimilate more processed foods high in fat, salt and sugar, and fewer fresh foods. Several examples of this were highlighted. The useful distinction between Bourdieu’s habitus and Habermas’s lifeworld shows how a habitus which seems such a powerful influence on human action, emerging from strong social and familial conditioning, can nevertheless permit ultimately dramatic changes in the area of food consumption. The countervailing power of industry, with its technologies to produce new and palatable foods alongside its market research techniques enabling effective targeting of new products at designated consumer groups, explains the paradox. By understanding consumers’ lives –

understanding, in essence, their habitus – they can portray new products and meal combinations in ways which fit that habitus. The images and language used in designing and marketing such foods, and the palatability which characterises them, explain their success (when they do succeed). Several industry experts also recommended building on existing products and consumer preferences in introducing modified ‘new’ products – this is obviously an easier sell than a completely new product. Nevertheless, the normalisation of some products and meal combinations alongside large portion sizes are new in human experience. Marketing expertise and unparalleled, ongoing data analysis has managed to access and reveal the human habitus in its varied types and practices, and to shape it so that these practices have gradually altered. In doing so, the lifeworld of those who assimilate new convenience foods to the exclusion of more nutritious ones, has been colonised, whether they are aware of it or not.

But at a certain point, should this dietary pattern continue over time, the health lifeworld can overtly disintegrate; in the context of diet-related health, for example, the diagnosis of diabetes symptoms or circulatory disease could shatter one’s previous idea of health, wellbeing and diet, and radically alter many of the routines of the lifeworld. By this stage, the healthcare system has entered the lifeworld and neither the patient’s social class nor the decades-long structuring of his or her diet by the food industry is the focus of either patient or clinician; it is anyway too late for the individual concerned. But epidemiology picks up this thread, and Chapter 4 traced its comprehensive analysis of the relationship between diet and health, and between socio-economic status and quality of diet.

In August 2012, the King’s Fund published a new study with groundbreaking results showing that over time, while higher status people were reducing behaviours considered unhealthy, lower status people were increasing them (Buck and Frosini 2012). The study recommends a holistic, integrated public health approach uniting interventions addressing smoking, excessive alcohol consumption, poor diet, and sedentariness, and the targeting of such interventions at those most likely to experience them – people with the least education and on the lowest incomes (ibid). But even these valuable insights are unlikely to yield decisive change on the dietary

front if the deeply structuring role of the food industry and the food supply is not taken into account. This thesis has theorised why food consumption varies by social class in ways which might usefully apply to the King's Fund study, and the recommendations that flow from it.

8.2 *Food industry activities and health outcomes*

The language and techniques of food marketing and food product development were key to unveiling corporate influence on population diet. Analysing industry texts not normally aired in public health or social science discussions of food consumption aimed to get beyond typical industry responses to the problems of over-consumption of food and associated health effects – namely, industry's attempt to turn the focus back to individual choice and responsibility for healthy eating and exercise, and the insistence that no food is bad or good. Yet some industry scientists revealed concerns about the altered nature of processed food as a possible contributor to obesity, and the problems associated with extensive consumption of processed foods, especially by people on low incomes. In tracing the habitual nature of such consumption, they laid bare the flaw in the argument that it is diets, not individual foods, which are the problem. Even if we accept this argument, diets *are* patterned, and food items are often bundled together in promotions, normalising combinations of flavourful but often unhealthy foods and drinks. Some diet types feature a preponderance of foods which, industry scientists acknowledged, cannot be the basis for good health.

A more plentiful food supply since the 1970s and lower food prices in relation to incomes were probably likely to increase consumption and population bodyweights over time, regardless of the types of foods produced and consumed. But strategic decisions made at every step, beginning with agriculture, subsidy programmes, crop science, and then advances in processing, food product development, siting and marketing, resulted in a food supply which came to emphasise frequent eating of highly processed, ever present snack and convenience foods. As Habermas warned, when the scientific and technical progress that characterises these complementary phases of production takes place 'without being reflected upon...new technical capacities erupt[ed] without preparation into existing forms of life-activity and

conduct' (Habermas 1987:60). The dramatic changes in population bodyweight and metabolic health have, therefore, 'the accidental character of uncomprehended events' (Habermas [1981]1996:312). Their origin in a changed, unbalanced, omnipresent food supply, and in the tracking, segmenting and targeting of consumers, was obscured, and a focus on individual behaviour was summoned as the explanation – though the behaviour was a response to an unprecedented change in the supply. Meanwhile, the food supply continues to expand into previously non-food areas. Arguably, this is still unremarked and the consequences are likely to remain uncomprehended, if they are observed at all.

8.3 *Class and health*

Although most of us are now considered overweight in clinical terms, this thesis traced an evident ranking in the quality of foods designed for different social groups, and a social gradient in diet quality, diet-related illness, and, among women and young people, in bodyweights. Different decisions dating back decades could have produced a global food supply that addressed food security as well as dietary health. But most of the foods which constitute a healthy diet are not those which require a high degree of processing, or the kind of 'value added' which results from product design and marketing campaigns. Technology made possible and capital made necessary the engineering of a highly processed, highly palatable diet, and the spreading of this diet among different cultures and countries, while allowing for a higher quality of food for those who could both discern and afford it. Yet the dramatic public health consequences of these food industry innovations were not anticipated and could not have been desired by any actor in this process. As Johnson's (2010) model of the 'adjacent possible' proposed in Chapter 3, this is what results when technological developments and cultural change combine to produce initially incremental but ultimately decisive change. Without the consistent, anchoring presence in this process of a disinterested, Habermasian, monitoring, balancing, public health and governance perspective, the combined power of science, technology and capital were able to bring about unexpected change in patterns of food consumption, with some startlingly negative results. For Habermas, good governance would have detected this process, revealed the underlying interests at work, illuminated technological progress with

political consciousness, and ensured public awareness, debate and action regarding developments which might threaten the public good. Bourdieu, too, called for the restoration of politics in the context of a de-politicised public realm. Political engagement with public health problems enables them to be addressed; but historically, there has been strong resistance to political engagement in a regulatory context, and this struggle is under way in food regulation.

8.4 *Marketing: relations with consumers*

This thesis traced the enormous technological, statistical and financial resources marketers have at their disposal. Far from imposing their products or campaigns on target groups, they track and engage with consumers in a variety of ways, observing trends and behaviours. ‘Experiential’ innovations allow for interaction with consumers ‘on a highly personal level, allowing for instant data capture as well as the flexibility to make changes’ (*Marketing Magazine* 18/02/09). Marketers often speak of co-creating value with consumers; this was offered as a defence of marketing following a presentation of this thesis material at a 2012 food sociology conference attended by several marketers. But the fact that this engagement and interaction occurs, yielding valuable data and insights for firms, merely strengthens marketing’s effectiveness. It interacts with us in order to develop and target products and services appropriately. This is not an inherently negative phenomenon; marketing strategies cover all product and service categories, many of which add to the public good. In addition, several rigorous academic marketing studies cited in this thesis challenge misleading food industry claims, and commercial market research has also studied dietary health problems in support of public health. But the central task of this thesis was to reveal the development of dietary patterns which have been normalised by marketing strategies, while carrying significant risks to population health.

It is a rare occupational category which defends itself with arguments of its lack of effectiveness, as marketers sometimes do; it is a peculiarly modest, disingenuous and one-sided view of what they do. This underlined the need to analyse how marketers talk *to each other* about what they are doing (in their own literatures); track successful strategies reflected in sales figures, examples of which appeared in Chapters 5, 6 and

7; examine the financial resources and data mobilised in market research; and trace the normalisation of constant snacking and large portion sizes, the dominant promotions of unhealthy foods, and critiques of these activities by fellow marketers, both in the academy and in the field.

8.5 *The way forward*

The social gradient in dietary quality and associated health problems, the growing acceptance by economists, psychologists, marketers, public policy and the food industry of the unconscious nature of food consumption, and the acknowledgement by industry of the techniques it employs in shaping and growing that consumption, can provide policymakers and public health specialists with a way forward. The more the activities of the food industry and its marketers are analysed in the context of population health, the less effective personal responsibility discourse will be in deflecting attention from the role of the industry in structuring an ever-expanding foodscape. The government's policy of requesting voluntary reductions of unhealthy content by the food industry may be a useful approach, alongside industry reformulations of HFSS foods, but these measures need to be seen in the context of a food supply which is continually permeating new areas of public space, both in the physical world and in social media.

This point was assessed in a US context by Moore et al. (2009), who found associations between neighbourhood exposure to fast food and poor diet. The study provided evidence which earlier studies had lacked, and the authors noted the importance of defining and measuring neighbourhood food exposure and the quality of diets in nuanced ways. In the UK, the expansion of fast food outlets and the role of vending machines in public transport, non-food shops and fitness centres in fuelling snackfood consumption is something which researchers and policymakers should monitor, as the Oldham councillors did when they found too many fried chicken outlets in one deprived neighbourhood (Chapter 7). The NCC inspections of supermarkets cited in Chapter 7 consistently revealed marketing practices and convenience food formulations which could not support public health goals; the cessation of these inspections, with the discontinuation of the NCC itself, reduces the opportunity to

contribute to public awareness and understanding. A new set of regular third-party inspections could redress this loss.

Several other ways forward emerge from this thesis research. In the summer of 2012, the UCL Institute of Health Equity¹¹³ was consulting widely on the education of healthcare staff regarding the social determinants of health and health inequalities, as is already being piloted in some universities. This would deepen medical understandings of the social experience of illness, and would enable clinicians to help patients avoid some illnesses. The new King's Fund study calls for a segmentation approach to public health interventions so that they reach the poorest and least educated, who are now known to be increasing risk behaviours, even as higher status people decrease them (Buck and Frosini 2012). They also call for special training for NHS staff in guiding behaviour change in this new context.

But this heightened awareness of the role of social class in health behaviours is not accompanied by an awareness of how people are targeted differently by the food industry. If doctors, nurses and others remain unaware of the permeation of our social life and our public spaces – even our psyches – by the food industry, and along class lines, they will miss a key opportunity for understanding the obstacles to dietary health among their patients. This lacuna could be addressed in clinical curricula, within the context of a critical public health. It seems equally important for students of food marketing, food science and food product development to be introduced to complex, critical thinking regarding the social factors, including class, which influence food consumption and health.

Teaching young people how they are being tracked by market research and targeted by food companies might allow them the capacity to reflect on this dimension of society. In Habermasian terms, seeing how their dietary lifeworlds have been colonised could spur a conscious 'process of unlearning' (Habermas [1981]1996:331). This recalls Fairclough's exhortation to educate young people in the distorting effects of discourse: 'a critical awareness of language and discursive practices is...becoming a prerequisite for democratic citizenship, and an urgent priority for language education' (Fairclough

¹¹³ building on the Marmot Review

1993:142). The insistence by Hackley, a marketing academic, that university students studying marketing should be taught critical thinking, not simply the consulting frameworks used in the field is also resonant: 'Young people deserve an education. Grown-up marketing executives can look out for themselves' (Hackley 2001:132).

8.6 *A future for academic/market research co-operation?*

Burrows and colleagues in various papers cited in this thesis urged social scientists to try to access industry data to better understand consumption patterns. We have seen the extent and depth of market research resources which bolster industry's understanding of consumer food behaviours. Market research incorporates official statistics and other public data, but much knowledge is derived from commercially sensitive transactional data. A pioneering example of academic-commercial co-operation in studying food consumption and health suggests that more might be possible. One area which may be worth exploring is the type and amount of fats consumed by different social groups as recorded by tens of thousands of consumers purchasing tens of thousands of food products over time, both in and out of home; data only the market research sector possesses. The academic-commercial sodium study discussed overall consumer purchases of foods containing salt, but did not analyse consumption by different classes of consumers (Ni Mhurchu et al. 2011). Contact with the market research firm involved established that such analysis would be possible (Interview B 2012). Nevertheless, the study was able to reveal which product categories contain the most salt and sell the most, and therefore those which could be most usefully reformulated in a public health context (Ni Mhurchu et al. 2011). Commercial data is a new area for diet/health research, and it has its limitations; naturally, specific brands cannot be revealed, nor can grocery store identities or data. The academic researchers in the sodium study stressed that commercial data is a useful supplement to but not a replacement for public nutrition datasets.

8.7 *Summing up*

'...the task is to deepen collective understandings...' (Harvey 2005:198).

This thesis revealed several areas for further research and future policy development. In food science, the structures and constituents of processed foods can be studied and altered to lessen the damage to public health, as food industry scientists are urging. In local areas, licensing of fast food businesses can be more closely monitored and restricted in the interests of public health. In schools and universities, young people can learn about nutrition and develop an awareness of how they are targeted as consumers. In medical schools, healthcare professionals can be taught to think critically about the role of the food industry in structuring diet, and the social class, bodyweight and health effects of food targeting and siting. Health and social researchers can ensure that the activities of the food industry are central to diet and health research.

But will this address the deep inequities in food consumption in the UK? The limitations of personal resources and capabilities, combined with the power of habitus, studied and catered to by an alert food industry in its many manifestations, cannot easily be tackled, though more attention could be given to a sufficient wage to allow those on low incomes to eat a nutritious diet. Nor can the influence of the industry on public policy be easily traced or challenged. A significant employer and a sophisticated lobbyist, its power will remain formidable. There is a long tradition of industry resisting public intervention on the grounds of health, as the history of both pharmaceutical development and food provision dating back to the 19th century describes. Eventually, accounts of the health consequences of flawed industrial products aimed at the public, a growing sense of moral objection and the leadership of a few key individuals combine to bring about change – though this can take decades, as it did in the 19th century.

A more recent example was the ban on trans fats in 2006 in New York City, which prompted subsequent reductions even by UK food producers (*Guardian* 01/06/12). New York's mayor is now proposing a limit of 16oz/500ml on soft drinks sold in restaurants and containing more than 25 calories per 8oz (ibid). Will this succeed, and will it influence practice elsewhere? There is likely to be 'a hurricane-force backlash from fizzy-drink manufacturers and their lobbyists' (ibid). In the UK, plans to set minimum alcohol prices are being discussed, for which the government is already

being criticised: 'Cameron has become the teacher who makes the entire class stay behind after school, in the hope that the perpetrator of some misdemeanour will confess'...the government is risking 'a confrontation with the drinks industry' (*Marketing Magazine* 04/04/11). Certainly, resistance to regulation from industry will not disappear, as it adapts to new challenges regarding health, ethics and sustainability, and develops new tactics to influence policy, not all of them overt (Miller and Harkins 2010; Miller and Mooney 2010).

The most recent standard for a healthy diet is the Alternative Healthy Eating Index (AHEI), reviewed by Akbaraly et al. (2011). It shows the importance of fruit, vegetables, fish, nuts and soy foods for avoiding cardiovascular disease. Few of these foods require much value added by the industry. Some social groups have the information, social and economic resources to locate, prepare and absorb these foods into their diets. The question for social, nutritional and health scientists, for political leaders, policymakers and food providers alike is this: in an obesogenic foodscape much more likely to feature crisps and soft drinks than raw nuts and fresh fruit, how do we set about restructuring the supply and retailing of food to provide healthy options accessible to all to purchase, prepare and consume? A healthy diet makes a strong contribution to better lifelong health and longer lives; the AHEI has provided the strongest evidence for this so far. Can the food industry carry on blanketing public space with a preponderance of unhealthy foods in the face of this evidence? Can government maintain its resistance to implementing higher standards for the food supply, continuing its voluntary reductions policy, given its expressed concern about obesity and its health effects? In the summer of 2012, the answer to both questions for the foreseeable future seems to be: yes.

As long as the discourse surrounding diet-related health remains powerfully centred on a reflexive, choosing, conscious individual, decisive change in food-health policy or industry practice is unlikely. This discourse is rooted in neoliberal ideas that have become so pervasive that they are seen as a matter of common sense; as Harvey stated in Chapter 1, 'We're all neoliberals now, without altogether knowing it' (Harvey 2010, LSE lecture). That is why it was essential to challenge personal responsibility/free choice discourse, as I did in this thesis. In tracing the role of social class and habituation

of food consumption from the overlapping perspectives of sociology, history, epidemiology, nutrition, psychology, economics, food science, product development and marketing, I aimed to show that these fundamental influences on diets need to be taken into account as a matter of course, challenging accounts of irresponsible food 'choice'. The similarity of findings in these varied fields makes a cumulatively strong case for the limits of the individual choice model, and the need to understand the nature of consumption while monitoring the activities of industry more closely.

By setting the structuring influences driving food consumption in the context of global neoliberal industrial and economic forces, a deep, interlocking context for understanding unbalanced food consumption, large bodyweights and high rates of metabolic and other diet-related illness has been revealed. There is a strong case to be made about the commercial forces which are inscribed onto the social landscape in which we live, and which shape our diets and our bodies, via our social status, throughout our lives. From agriculture to arteries, the strategic production, processing, retailing, marketing and consumption of food is indissolubly linked to questions of corporate strategies and profits, but also – when the food arrives where consumers purchase it – social status and class. The health outcomes are also connected to these processes going back to agriculture, and to neoliberal influences on agriculture and on corporate activity throughout the food chain.

Paradoxically, inadequate nutrition is often experienced, even in an omnipresent foodscape. Even healthy eaters encounter situations in which it is not easy to locate healthy food. But those who are routinely targeted with unhealthy foods are often multiply disadvantaged, and more likely to face the long-term health consequences of poor diet than if they were more prosperous, higher status people. Indeed, as my research drew to a close, the King's Fund study showed that multiple disadvantage and multiple unhealthy behaviours including poor diet are linked – and increasing in prevalence among the lowest status groups (Buck and Frosini 2012). My analysis of the complex role of the food industry in structuring consumption aimed to support efforts to shift the locus of responsibility away from the individual and towards the realm of production and governance, where decisive power to improve population dietary health in a class-structured society rightfully rests.

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Market research interviews:

Interviewee A, a retail consultant, multinational market research firm, June 2011

Interviewee B, nutrition consultant, consumer panel data research firm, May 2012

Appendix 1: further reference details for *The Guardian*, *Marketing Magazine* and *The Observer*

Marketing Magazine website

Definition of its role and readership: <http://www.marketingmagazine.co.uk/go/aboutus/> ; accessed 11/02/13

Marketing Magazine:

- 18/02/09 'Brand termination: Knowing when to swing the axe' by Nicola Clark
- 04/03/09 'It's the same difference: the web's bent toward commonality may ultimately hinder consumer receptiveness to new brands' by Andrew Walmsley
- 03/03/10 'Walkers Sensations: the crisp brand has never truly achieved the premium status its parent sought for it' by Jeremy Lee
- 'Revolution' Supplement 09/10a 'Facing up to facebook' by Trevor Clawson
- 'Revolution' Supplement 09/10b 'Smarter digital marketing: Case Studies – Kellogg's Krave' (no author)
- 22/09/10 'Out of home, top of mind: reaching consumers at specific parts of their day has never been easier, thanks to innovation in outdoor media' by Suzy Bashford
- 27/10/10 'A new consumer champion: Helen Edwards on Branding'
- 10/11/10 'Sector Insight. Nuts, seeds and dried fruit: Coming out of its shell' by Jane Bainbridge
- 17/11/10 'Not only but also: Marks & Spencer's latest strategy has echoes of the brand's past' by Rachel Barnes and Ed Owen
- 12/01/11 'Tomorrow's world: cautious and resourceful, tomorrow's consumers will be forced to find ways to live without a floodtide of prosperity – marketers must adapt quickly to meet this unprecedented change in mindset' by J Walker Smith, The Futures Company
- 19/01/11 'Brands on location: marketers at three major brands assess the opportunities created by mobile payment' by Ed Owen
- 26/01/11 'The perils of virtual stalking: those using behavioural targeting online must be wary of entering a realm of unacceptable practices' by Andrew Walmsley
- 02/02/11 'Not just for veggies: with most adults eating meat-free food at least occasionally, there is a growing market for the producer'
- 11/01/11 'Will sweeteners turn sour? Sprite's roll-out of a drink containing sugar substitutes Truvia is not without its risks' by Joe Thomas
- 16/02/11 'A fashionable strategy: Morrisons could add clothing to build on its strength in food' by Loulla-Mae Eleftheriou-Smith
- 23/02/11(a) 'Consumer surveillance: Don't let relevance blind you to privacy; the quest for truly relevant advertisements has driven brands to engage in stalker-style tactics rather than build consumer trust' by Alan Mitchell
- 23/02/11(b) 'Thinking inside the box: strict policing of the content of children's food is forcing brands to innovate' by Nick Hughes
- 23/02/11(c) Editor's comment: Kids' health needs NPD (new product development) agenda' by Noelle McElhatton
- 23/02/11(d) 'A glass-half full kind of guy' by Gemma Charles
- 02/03/11(a) 'Eyeing up the opposite sex' by John Reynolds
- 02/03/11 'Lucozade targets social media users via Spotify' by Louella Mae Eleftheriou-Smith

- 09/03/11(a) 'Memo to new CEO: tips from the trade'; comment is from Tracey Follows, VCCP
- 09/03/11(b) 'Memo to new CEO: tips from the trade'; comment is from Dave Trott, CST The Gate
- 16/03/11 'Flavour of the month: cash-strapped consumers are skipping healthier options in favour of the affordable indulgence offered by premium crisp brands' by Jane Bainbridge
- 23/03/11 'Insight - Defining the new middle class: a new study gives fresh insight into the growing proportion of consumers who describe themselves as middle class. Its findings are critical to brands' by Gemma Charles
- 30/03/11 'UK brands splash \$4.1bn on online ads' by Sarah Shearman
- 04/04/11 'Opinion – Helen Edwards: David Cameron's plan to curb binge drinking runs contrary to many of the ideas of behavioural 'hedonic consumption' theory
- 13/04/11 'United we understand: conducting research with, rather than on, people can give incisive glimpses into their behaviour' by Helen Edwards (weekly columnist)
- 04/05/11 'Domino's to integrate behavioural economics' by Andrew McCormick
- 11/05/11 'Coca-Cola in 'meals' push' by Louella Mae Eleftheriou-Smith
- 18/05/11(a) 'Analysis – Behavioural Economics: When push comes to nudge' by Andrew McCormick
- 18/05/11(b) 'Readers Say: Coca-Cola encourages mealtime consumption'; letter written by reader James Filmer
- 25/05/11 'Marketing's new mindset: brand marketers can now analyse campaigns in real time, but they need more than logic to succeed' by Andrew Walmsley
- 08/06/11(a) 'Looking ahead: can your customers become your field-marketing agents? (no author listed)
- 08/06/11(b) 'We know where you live' by Ben Bold
- 08/06/11(c) 'Brand revitalisation: Robinsons Fruit Shoot'
- 08/06/11(d) 'Ginsters debuts Bara'
- 15/06/11(a) 'Sector Insight: Biscuits, cookies and crackers; Crunch time for treats' by Jane Bainbridge
- 15/06/11(b) 'Consumer behaviour: How to navigate the customer journey' by Craig Smith
- 29/06/11 'Waitrose: the supermarket brand has adopted an 'honestly priced' strategy to stand out from the crowd'
- July 2011 conference supplement – (a) 'Social Media – Playtime's over!' letter from Michael Saylor, MicroStrategy Inc.; (b) 'Social CRM – the ultimate customer engagement' by Don Peppers
- 27/07/11 'Asking the right question: when it comes to qualitative research, asking 'why' may be the obvious route, but doesn't always lead to the best insight' by Wendy Gordon
- 03/08/11 'Top 10 marketing U-turns' by Gordon Carson
- 10/08/11 'Changing the recipe at Kraft' by Daryl Fielding
- 17/08/11 'Tesco revamps Direct in 'Amazon-style' offering' by Rachel Barnes
- 24/08/11(a) 'Greggs: the bakery chain must arrest a drop in profits if it is to realise expansion plans' by Rachel Barnes
- 24/08/11(b) 'Marketing to children: Kids Brand Index 2011' by Cathy Bussey
- 07/09/11 'The Marketing Society Forum: should brands that add to the obesity crisis subsidise healthier food options?'
- 14/09/11(a) 'Best behaviour: behavioural economics is changing the way that market research agencies do business' by Kim Benjamin
- 14/09/11(b) 'Going cold turkey on price promotions' by David Benady
- 14/09/11(c) 'Price gives pizza solid base' by Jane Bainbridge

- 19/10/11 'Ticking the healthy box' by Jane Bainbridge
- 26/10/11 'Marketing Society Forum: will the plan to cut 5bn calories from the nation's daily diet by 2020 work?'
- 30/11/11 'Food Advertising Unit to study effect on kids' by John Reynolds
- 07/12/11 'Don't expect a peaceful 2012: Andrew Walmsley on Digital'
- 25/01/12 'Manaa Akhtar: Subway's UK head of marketing cites health and value as the main selling pts that will broaden the chain's consumer base' by Gemma Charles
- 15/02/12(a) 'Mars UK to cut calories across chocolate lines' by Gemma Charles
- 15/02/12(b) 'Twitter's branded adventure' by Sarah Shearman
- 14/03/12 'Transparently green' by Elisabeth Jeffries
- 04/04/12 'Sector insight: crisps and salty snacks' by Jane Bainbridge
- 25/04/12 'Red Bull set to roll out Editions offering in UK' by Loulla-Mae Eleftheriou-Smith
- 02/05/12(a) 'Polman: marketers are 'losing ground'' by Rachel Barnes
- 02/05/12(b) 'Opinion - Helen Edwards: after years promoting bigger pack sizes as offering better value, it appears food and drink marketers may do better to think small'
- 30/05/12 'Kellogg chief departs amid global rebrand' by Sarah Shearman
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The Guardian:

- 16/01/07 [reprint of article from 16/01/1864] 'The wretched price of failing to educate girls' by Edward Brotherton
- 23/07/09 'Study finds big variations in salt contents in global food products' by Rebecca Smithers <http://www.guardian.co.uk/lifeandstyle/2009/jul/23/salt-content-food-cereals-snacks?INTCMP=SRCH>
- 19/10/10 'Food scientists develop appetite-curbing gel' <http://www.guardian.co.uk/education/2010/jan/19/gel-curb-appetite-scientists?INTCMP=SRCH>
- 09/02/10 'Teenage girls eat less healthy food than any other group, survey reveals' by Rebecca Smithers <http://www.guardian.co.uk/society/2010/feb/09/teenage-girls-unhealthy-diet?INTCMP=SRCH>
- 09/03/10 'Which one is more likely to live longer? Just as you can be slim but unfit, it's possible to be fat and fit' by Phil Daoust
- 03/09/10 [reprint of article, no author's name, from 03/09/1901] 'The domestic education of girls'
- 15/11/10 'Advertising: Time for advertisements to go up a gear. The ubiquity of digital technology and social networking are forcing creatives to find new ways to engage consumers and get their message across in online and interactive campaigns' by James Silver
- 30/12/10 'Speed of NHS reform means Andrew Lansley has faced a bumpy ride' (<http://www.guardian.co.uk/politics/2010/dec/30/andrew-lansley-nhs-reform?INTCMP=SRCH>) Accessed 02/06/12.
- 01/12/11 'Starbucks to brew up 5,000 jobs: Global coffee business intends to hire additional staff over next five years as it develops its drive-through business in the UK' by Jill Treanor <http://www.guardian.co.uk/business/2011/dec/01/starbucks-coffee-business-jobs?INTCMP=SRCH>
- 18/02/11 'Britain's fried chicken boom' by Tom Meltzer
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